

POLY-MVA

When we take payment by credit card and the card is not present, there is some degree of risk for fraud. To safeguard against that risk, we are requesting to have signed document from the cardholder that gives our company permission to charge your card for services rendered. Please call us if you have any questions.

CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit card information

Card Type: Amex Visa Mastercard Discover

Cardholder Name (As shown on card): _____

Card Numer: _____

Expiration date (mm/yy): _____

Cardholder zip code (from credit card billing address): _____

I _____, authorize Orange Blossoms DBA Poly-MVA to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on account.

Customer Signature

Date