

WELBY CREDIT CARD AUTHORIZATION FORM

I (we) hereby authorize WELBY GARDENS CO. (THE COMPANY) to initiate charges to my (our) credit card as listed below and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY a reasonable opportunity to act on it.

Company Name: _____

Cardholder Name: _____ Email _____

Address: _____ Phone Number _____

_____ Billing Zip Code: _____

Credit Card Type:
_____ VISA _____ MASTERCARD _____ DISCOVER _____ AMEX

Credit Card Number:
_____ - _____ - _____ - _____

Expiration Date:
_____ / _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

This card _____ does _____ does not replace a previous card.

Please choose one option below:

_____ I authorize Welby Gardens to charge my credit card on file after each purchase made at Welby Gardens. Please note, if your current terms are as a credit card customer, your card will be charged after each invoice.

_____ I authorize Welby Gardens to retain my credit card on file, only to be used at my request.

Signature: _____ Date: _____