



**MAINLAND FLORAL**

25355 - 56TH AVE.  
ALDERGROVE, BC V4W 1G5

P. (604) 856-1264 F. (604) 856-1273 E. sales@mainlandfloral.ca W. mainlandfloral.com

**CREDIT CARD AUTHORIZATION FORM**

**Company:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mainland Account #:** \_\_\_\_\_ **USD or CDN** \_\_\_\_\_

**Card Type:**                      VISA                                      MASTERCARD

**Name of Cardholder:** \_\_\_\_\_

**Credit Card Number:**                      /                      /                      /

**Expiration Date:**                      /                                      **CVV:** \_\_\_\_\_

**BILLING PC/ZIP:** \_\_\_\_\_

\*\*\* PLEASE NOTE THAT THE 2% EARLY PAYMENT DISCOUNT IS NOT AVAILABLE FOR CREDIT CARD PAYMENTS\*\*\*

<b>Invoice #</b>	_____	<b>Amount: \$</b>	_____
<b>Invoice #</b>	_____	<b>Amount: \$</b>	_____
<b>Invoice #</b>	_____	<b>Amount: \$</b>	_____
<b>Invoice #</b>	_____	<b>Amount: \$</b>	_____
<b>Invoice #</b>	_____	<b>Amount: \$</b>	_____

**Total Amount Charged: \$** \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form. This payment authorization is for the above noted invoice(s) and amount(s) indicated. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PLEASE FORWARD SIGNED COMPLETED FORM TO:  
Fax: (604)856-1273 OR EMAIL: accountsreceivable@mainlandfloral.ca