8665 DUARTE ROAD, SAN GABRIEL, CA 91775

CREDIT CARD AUTHORIZATION FORM

CUSTOMER NAME: _____

CUSTOMER ACCOUNT NUMBER: _____

PHONE# _____ FAX# _____

EMAIL ADDRESS: _____

SALES QUOTE/SALES ORDER/INVOICE NO.	AMOUNT
SUBTOTAL:	$ 0.00
2% PROCESSING FEE:	0.00
TOTAL AMOUNT DUE:	$ 0.00

TYPE OF CREDIT CARD: VISA_____ MC_____ DISCOVER_____

CARDHOLDER SIGNATURE: _____

CARDHOLDER NAME: _____

CREDIT CARD NO: _____

EXPIRATION DATE: _____ CVV: _____

CREDIT CARD BILLING ADDRESS:_____

CITY: _____ STATE: _____ ZIP CODE: _____

PLEASE RETURN COMPLETED FORM VIA FAX OR EMAIL:
FAX NO: 626-237-0683
EMAIL: CREDIT@NORMANSNURSERY.COM