



Wolff Horticulture
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 Fax: (714) 282-8128
 Email: billing@wolffhorticulture.com

CREDIT CARD AUTHORIZATION FORM

Please complete and sign this form to authorize Wolff Horticulture to make a charge to your credit card listed below. Submit this form by email to billing@wolffhorticulture.com or by fax (714) 282-8128

CREDIT CARD INFORMATION	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX	
CARDHOLDER NAME:	
CARD NUMBER:	EXPIRATION DATE:
SECURITY CODE:	ZIP CODE:

BILLING INFORMATION
BILLING ADDRESS:
CITY, STATE, ZIP:
EMAIL:
PHONE #:

PAYMENT DETAILS	
INVOICE # / DESCRIPTION:	
<input type="checkbox"/> RECURRING CHARGE <input type="checkbox"/> ONE-TIME CHARGE	
RECEIPT FOR TRANSACTION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
AMOUNT:	\$
TAX (IF RESALE, PLEASE NOTE):	\$
SUB-TOTAL:	\$
3% PROCESSING FEE:	\$
TOTAL AMOUNT:	\$

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; so long as the transaction corresponds to the terms indicated on this form.

SIGNATURE: _____

DATE: _____