

WaterScapes Aquatic Plant Nursery



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CREDIT CARD AUTHORIZATION FORM

THIS FORM MUST BE FILLED OUT, SIGNED AND RETURNED TO US VIA FAX OR MAIL IN ORDER FOR US TO PROCESS YOUR FUTURE AMERICAN EXPRESS, MASTER CARD, VISA, OR DISCOVER TRANSACTIONS.

DATE

CARD HOLDER NAME:(as it appears on card)

CARD HOLDER PHONE

ACCOUNT NUMBER:.

EXPIRATION DATE: CODE (3 digit number on back of card)

BILLING ADDRESS:

BILLING ZIP:

(Our merchant service provider requires the numeric portion of the billing address and the zip code to process credit card orders)

BUSINESS NAME.

BUSINESS ADDRESS

BUSINESS PHONE

BUSINESS FAX

I hereby authorize WaterScapes to charge my MasterCard/Visa/AMX or Discover account for all orders placed for my business as listed above.

SIGNATURE OF CARDHOLDER

THE FOLLOWING EMPLOYEES ARE AUTHORIZED TO PLACE ORDERS AND CHARGE TO MY CREDIT CARD ACCOUNT:

Name: Signature:

Name: Signature:

Name: Signature:

OUR TERMS:

All prices are F.O.B. Tampa, Florida.

All shipments become the consignee's property upon acceptance by the carrier and any claims due to delay by carrier or weather conditions must be filed with the carrier.