

Resendiz

5467 Rainbow Creek Rd
Fallbrook, CA 92028



Brothers

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Fax: 760.731.0248
E: flowers@resendizbrothers.com

PROTEA GROWERS LLC

CREDIT CARD AUTHORIZATION

I authorize Resendiz Brothers Protea Growers LLC to charge the following payment to the credit card I have indicated below:

Customer Name: _____

Card Holder Name: _____

Card Number: _____

CVV2 Code (Last 3 digits on back of card): _____

Expiration Date: (MM/YY): _____

Visa _____ Master Card _____ Discover _____ AmEx _____

Charge Amount: \$ _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature Required for Authorization:

Signature: _____ Date: _____

Special Instructions: _____

