



CUSTOMER CREDIT CARD AUTHORIZATION FORM

NAME OF BUSINESS: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE: _____ CELL: _____

EMAIL: _____ FAX: _____

PAYMENT WILL BE CHARGED TO YOUR DEBIT OR CREDIT CARD BEFORE SHIPMENT
PLEASE CHECK ONE:

CREDIT DEBIT IF DEBIT, DAILY LIMIT: \$ _____

CARD TO BE BILLED: MASTERCARD _____ VISA _____ AMEX _____

BILLING INFORMATION

NAME ON CREDIT CARD: _____

ACCOUNT NUMBER: _____ EXP DATE: MM _____ / YY _____

SECURITY CODE: _____

BILLING ADDRESS: _____

BILLING CITY: _____ STATE: _____ ZIP CODE: _____

OWNER INFORMATION

OWNER'S NAME: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

BY SIGNING BELOW, I AUTHORIZE FERRIS BROTHERS WHOLESALE FLORIST, INC TO BILL MY CARD FOR PURCHASES, FLOWERS AND FREIGHT. MY SIGNATURE ALSO SIGNIFIES THAT I HAVE READ AND AGREE TO FERRIS' SHIPPING POLICIES.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

DEBIT CARD ADVISORY

FERRIS BROTHERS DOES NOT ENCOURAGE THE USE OF DEBIT CARDS FOR THE FOLLOWING REASONS:

1. YOUR DAILY LIMIT MAY KEEP US FROM BEING ABLE TO SHIP YOUR ORDER TO YOU.
2. IF AN ERROR IS MADE BY ANYONE, OR IF A TRANSACTION IS VOIDED, YOUR BANK MAY HOLD ON TO THE MONEY FOR SEVERAL DAYS WHICH COULD POTENTIALLY IMPACT OTHER ORDERS THAT MAY NEED TO BE FILLED.