

LANDMARK NURSERIES, INC.
Credit Card Authorization Form

AUSTIN

1510 Royston Lane
Round Rock, TX 78664
512.251.9238
Fax 512.251.7117

COPPELL

1100 E. Sandy Lake Road
Coppell, TX 75019
972.471.6300
Fax 972.393.2011

DALLAS

10900 Petal Street
Dallas, TX 75238
214.503.0741
Fax 214.503.0742

FORT WORTH

5260 Blue Mound Road
Fort Worth, TX 76106
817.625.9555
Fax 817.625.8444

HOUSTON

13103 Old Richmond Road
Houston, TX 77099
281.495.1820
Fax 281.495.8130

SAN ANTONIO

5120 S. Foster Road
San Antonio, TX 78263
210.648.7955
Fax 210.648-7965

CARDHOLDER INFORMATION

Company Name on Card: _____

Individual Name on Card: _____

Credit Card Billing Address, including zip code (**Must match the billing statement for the credit card**)

Street Address City, State, Zip

Phone _____ Cell _____

Fax _____ Driver License Number and State _____

TERMS OF PURCHASE

I, _____, am the owner of the credit card referenced on this form. I authorize Landmark Nurseries, Inc. to charge my card as indicated below. If indicated below, I also authorize Landmark Nurseries, Inc. to charge my card for future purchases originated by others or myself.

Check One:

_____ Single Purchase Amount \$_____ (Single purchase authorization only)

_____ Multiple Purchases Please keep my card information on file for future purchases.

CREDIT CARD INFORMATION

Circle One >> VISA MC AMEX Discover

Card Number _____ Expiration Date (Mo/Yr) _____

Name Imprinted on the Card _____

Last three numbers on the back of the card (in the signature plate) _____ Zip Code _____

If you prefer, for security purposes, you may call and give the complete card number to us over the telephone. In this case, please list the last four (4) digits of the account number on this form.

APPROVAL / AUTHORIZATION

I own the credit card described on this form and I am its authorized user. I hereby authorize Landmark Nurseries, Inc. to charge the credit card number shown above for the amount indicated on this form. If I authorized Multiple Purchases, I understand that it is my responsibility to notify Landmark Nurseries, Inc., in writing, of any changes to this authorization.

Signature of Cardholder (**Must match name on card**)

Printed Name of Card Holder

Date _____