



CREDIT CARD PAYMENT AUTHORIZATION FORM

Monthly Self-Renewing Agreement

I authorize **GARDENS AMERICA, INC** to keep my credit card information and signature on file and to charge my credit card account on an ongoing basis for balances owed. I understand that this authorization remains valid month to month and is self-renewing from the date listed on this agreement unless I cancel the authorization in writing to **GARDENS AMERICA, INC**.

Account Name: (If different from cardholder): _____

Cardholder Name (As it appears on credit card): _____

Email Address _____

Billing Address: _____

City, State & Zip Code: _____

Business Phone Number: _____

Card Type: _____ Visa _____ MasterCard _____ Discover

Credit Card Number: **__Our Office will contact you for the credit card number __**

Expiration Date: **__Our Office will contact you for the expiration date __**

Security Code (3 digits located on back of the credit card) - **Our Office will contact you for the security code**

If I supply any fraudulent information, GARDENS AMERICA, INC. has the right to take appropriate legal action, including the right to hire an attorney, and all reasonable fees associated with this charge will be my responsibility.

I certify that I am an authorized user of this credit card, that I have read the terms and conditions and that I fully understand all of the above.

I authorize GARDENS AMERICA, INC. to charge the credit card above and that I will not dispute the payment with my credit card company.

Signature:

Date:

Print Name: