



CREDIT CARD AUTHORIZATION

(Please Type or Print)

Company Name: _____

Account #: _____

Dear Customer,

In order to ensure proper authorization and the security of your credit card, please take a moment to complete the following information. This form may be faxed or mailed to Spring Meadow Nursery, Inc. The deposit or balance owed on your order will not be charged until this form has been received.

Please return by fax to 1-800-224-1628 or mail to Spring Meadow Nursery, Inc., 12601 120th Avenue, Grand Haven, MI 49417.

Card Holder Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Credit Card Number: _____ Security Code: _____

Exp. Date: _____ Visa: _____ MasterCard: _____ Discover: _____

The required deposit amount of 25% per order will be charged to the above credit card. The balance will be charged 30 days prior to the ship date. Freight and boxing will be charged upon shipment.

This credit card authorization is valid until Spring Meadow Nursery, Inc. is notified in writing or until the expiration date on the credit card. Any exceptions are to be noted on this form.

For Office Use Only

Exp. Date: _____ Security Code: _____ Date/Initial: _____

Customer Contact: _____