



P. O. Box 526447, Miami, Florida, 33152-6447 • Toll Free: 877-696-0831
Phone: 305-405-0920 Fax: 305-405-0918

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Trilogy Floral to charge my credit card plus the **2.75%** convenience fee, As the Credit Card holder, I also authorize Trilogy Floral., to charge my credit card for future purchases.

Authorization Valid Until: ___/___/___ Initials here: _____

I understand that I will NOT receive a CASH refund. I also agree to follow all credit policies and requirements as stated on all of my purchased invoices, We are not responsible for any carrier related problems.

VISA / MASTERCARD / AMEX

Company Name: _____ Co. Acct. # _____

Card Holder Name: _____ Exp. Date: _____/_____/_____

Account Number: _____

CVV # (Last 3 digits B/card): _____ Telephone #: () _____ - _____

Credit Card Billing Address: _____

Invoice/ Order #'s: _____

Total \$: _____

Authorized Signature X _____ Date: _____

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Please read carefully and complete the entire form this will help protect against fraud. Trilogy Floral will not charge your Credit Card without the proper authorized written approval complete and sign this form, email back to: maggietryology@gmail.com and mail to above address. Attn: Credit Dept.