

JOSEPH WICK NURSERIES, LTD
5151 FORREST AVENUE
DOVER, DE 19904
PHONE (302) 730-9070
FAX (302) 730-9076

CREDIT CARD AUTHORIZATION

ACCOUNT NAME _____

NAME ON CARD _____

CARD BILLING ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE # _____ FAX # _____

VISA OR MASTERCARD

EXPIRATION DATE MM/YY V code

(Last 3 digits printed on the back of credit card in signature box)

TOTAL AMOUNT TO BE CHARGED \$ _____

INVOICES TO BE PAID	#	_____	\$	_____
	#	_____	\$	_____
	#	_____	\$	_____
	#	_____	\$	_____
	#	_____	\$	_____

CARDHOLDER SIGNATURE _____

Cardholder signature authorizes charge to credit card in the specific amount as noted above.

Hold signature on file for future payments