



10501 NW 50th Street

Suite No 102

Sunrise, FL 33351

(954) 541-5163

orders@parklandcollection.com

Credit Card Authorization Form

I, _____ from _____, hereby authorize Parkland Collection LLC to charge my credit card account for purchases and incidental shipping charges or charges back billed to Parkland Collection. I authorize Parkland Collection to keep this card on file for all future purchases or order related incidentals mentioned above.

- Visa
- Master Card
- American Express
- Discover

Name On Credit Card: _____

Credit Card Number: _____

Exp (MM/YY): ____/____ 3-Digit VID Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____

____/____/____

Cardholder's Signature

Date

Your completion of this authorization form helps us protect you, our valued customer, from credit card fraud. Parkland Collection will keep all information entered on this form strictly confident