

## Driven Designer Credit Card Authorization Form

Part 1 - Applicant Details	
Title First Name*  Billing Address	Last Name*
Business Number	Mobile Number
Fax Number:	Email Address
Part 2 – Credit Card Details	
I authorize PETAL DRIVEN, LLC to debit my credit card after an order submission.**	
Cardholder's Name* (please print name in capital letters)	
Credit Card Number*	CVV*
Credit Card Expiry Date*	Card Holder's Signature* Date*

Please email completed form to info@petaldriven.com Include your name and the letters "CCAF" in the subject.

<sup>\*</sup>By signing this document you are authorizing Petal Driven, LLC. to charge this credit card for the total amount of your order. Unless otherwise notified you will be charged the exact amount of your order immediately after order submission. A receipt for each transaction will be provided to you and the charge will appear on your credit card statement. You agree that no prior notification will be provided to you prior to charging this card. By submitting this form you hereby acknowledge that the information provided above is correct and that you are legally authorized to approve payment via this credit card.