



Credit Card Authorization Form

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize **Stanky Flowers, LLC** to charge my credit card above or the agreed upon purchase. I understand that my information will be saved on file for future transactions on my account.

Customer Signature

Date

Please attach an image of the cardholder's identification.

St. Anky Flowers
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