

Credit Card Charge Authorization

Please fill out this form, print, sign and fax to (305) 593-5111. Thank you.

I hereby authorize Solé Farms to charge my Credit Card (referenced below) for fresh cut flower purchases made by:

Customer Name:									
Solé Farms Account Number:									
		Invoice	e Number			Amount			
			T . /						
			Total						
Credit Card Type: American Express □ Visa □ Master Card □ Discover □									
Credit Car	d Number:						CVV:		
Expiration	Date:								
Name as it	Appears on	Card:							
Address:									
City:					State:		Zip Co	ode:	
Country:									
,	1								
Signature o	of Cardholde	er:		_					

Please fax completed and signed form to: 305-593-5111