



Credit Card "Signature On File" Authorization

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

I hereby authorize my signature to be on file with Solé Farms for the purpose of charging fresh cut flower purchases made by:

Customer Name:
Solé Farms Account Number:

I authorize the respective credit card company designated below to accept this form in lieu of my signature appearing on the individual credit card charge authorization or credit card receipt. Solé Farms will only charge my card upon authorization by the customer listed above. Authorization may be written or verbal.

Credit Card Type: American Express Visa Master Card Discover

Credit Card Number:		CVV:	
Expiration Date:			
Name as it Appears on Card:			
Address:			
City:		State:	
		Zip Code:	
Country:			

Signature of Cardholder: _____

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