



CUSTOMER CREDIT CARD AUTHORIZATION FORM

Please fax completed form to 805.929.1843

Customer Name: _____

Phone Number: _____

Credit Card Billing Address: _____

City _____ State _____ Zip _____

Name as it appears on card: _____

Card Type: Visa MasterCard

Credit Card Number: _____

Expiration Date: _____ CV Number: _____

Authorization Signature _____ Date: _____

This information is kept confidential.

Eufhoria Flowers
Nipomo, CA
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