



Credit Card Authorization Form

VISA OR MASTERCARD ONLY

Please return by email or fax to:
sales@cascadiannurseries.com or (503) 647-9494

Date submitted: _____

Please provide information exactly as it appears on the card:

Company Name: _____

Name on Card: _____

Card Type: _____

Card
Number: _____

Expiration MM/YY: _____

Card Verification Number (3 digit code on back of card): _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Primary Contact: _____ Office Phone: _____

Email: _____

I hereby authorize Cascadian Nurseries to charge my credit card.

Card Holder signature

Date