**Credit Card Payment Authorization Form**

Sign and complete this form to authorize **Liberty Blooms** Inc. to make a debit to your credit card listed below,

By signing this form you give us permission to debit from account the amount indicated on or after the indicated date. This is permission for a single transaction only would be validated by you in writing before each shipment, and does not provide authorization for any additional unrelated debits or credits to your account. **Please note that the amount indicated must not higher that $ 500 per shipment. If so, you should fill our standar form as usually. Please complete the information below:**

Cardholder's Name:

Type of Credit Card:

Card Number:

Expiration Date:

Security Number:

Cardholder's Address:

City/State: Zip Code:

Amount to be charged

Cardholder's Signature: \_

All payment information must be entered and sent by fax or email

Toll Free 1 877-772-3385 - Toll Free Fax 1 877-221-6782

Email: receivables@libertyblooms.com