



Credit Card Authorization Form

Card Holder Name

Card Holder Billing Address (as it appears on credit card statement)

Zip

Credit Card: Amex Visa MasterCard Discover

Credit Card Number (15 digits for Amex, 16 for all others)

Credit Card CVV Number

NOTE: For Visa, MC and Discover, this is a three-digit number printed on the back of the card. On Amex cards, this is a 4-digit number printed on the front of the card above the account number.

_____/_____(mm/yy)

Expiration Date

Rose Invoice Number

Rose Invoice Total Amount\$ _____

Credit Card Fees: +2.5% for Visa / MC / Discover.....\$ _____

+3.5% for Amex.....\$ _____

Total Charges to Credit Card (total invoice amount plus fees) \$ _____

I, _____ hereby authorize my credit card to be charged in the above amount. I am aware that I will receive a receipt for this charge, and that this receipt will act as a record of this transaction. I AM ALSO AWARE THAT **BY SIGNING THIS AGREEMENT, THAT THIS SALE IS FINAL.**

Card Holder's Signature

Date

Contact Telephone Number

email

For faster processing, Fax this form to the bolded number below.