



WHOLESALE-TROPICAL-FLOWERS.COM

POST OFFICE BOX 1289
KURTISTOWN, HAWAII 96760
(808)982-4333 Office
(808)982-4333 Fax

REQUEST FOR STANDING ORDER

(AUTHORIZATION TO CHARGE CREDIT CARD)

I hereby authorize Wholesale-Tropical-Flowers.com to charge my credit card for all purchases for my account on the credit card(s) below until further notice. I understand my card will be charged when processing of my order begins.

Company

Date

Authorized Person / Title

Authorized Person Signature

I have attached photo-copies of both the front and back of the below credit card to this fax.

PRIMARY CARD *(Required)*

SECONDARY CARD *(Optional)*

Name on Card

Name on Card

Credit Card Billing Address

Credit Card Billing Address

City

City

State

ZIP

State

ZIP

Card Number

Card Number

Signature

Signature

Expiration (MM/YY)

Security Code

Expiration (MM/YY)

Security Code

PLEASE FAX OR MAIL TO US WITH PHOTOCOPIES OF THE FRONT AND BACK OF THE CARD(S).