

Credit Card Authorization Form



Please sign the completed form email or fax it to Akatsuka Orchid Gardens to authorize a one-time charge to your credit card listed below.

By signing this form you give us permission to charge your account for the amount indicated on or after the specified date.

I authorize Akatsuka Orchid Gardens to charge my credit card for the indicated amount.

Company Name: _____

Cardholder Name: _____

Credit Card Type (circle one): VISA MASTERCARD DISCOVER AMEX

Card Number: _____ _____ _____ _____

Expiration Date: _____ CVV: _____

Billing Address: _____

Phone Number: _____

If you wish to authorize Akatsuka Orchid Gardens to keep this charge card on file to pay for future purchases made on your account, please initial the line below.

_____ (initial) **I authorize Akatsuka Orchid Garden to use my charge card to pay for purchases made on my account until notified otherwise.**

Cardholder Signature: _____ Date: _____

I agree that all information provided is accurate and complete. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.