

V&T ORCHIDS, INC.
2200 NW 102 AVENUE, SUITE # 1
MIAMI, FL 33172
Phone: 1800-966-7243, Miami 305-406-3766
Fax: 305-718-8488 or 786-507-0525

CREDIT CARD CHARGE AUTHORIZATION FORM

I (Name) _____ Authorize
V&T ORCHIDS, INC. to make use of the credit card listed below for purchase of flowers for
(Company) _____ in accordance with my
instructions and corroborated by their invoice and shipping documents.

I understand that all sales are final and charge backs will not be accepted. Any claims will be resolved directly with V&T ORCHIDS, INC. Claims Department and not with the Credit Card Company or bank. All sales are FOB Miami. Once I'm advised about shipping arrangements it will be my sole responsibility to receive and/or pick up the flowers at final destination. I understand that I will inspect flowers carefully upon receipt, and will report any quality problems within 24 hours. I agree that no adjustments will be made without timely telephone notice; followed by written request with V&T ORCHIDS, INC. designated control or invoice number and identification number.

Cardholder Name _____

Credit Card Billing Address _____

City/State/Zip _____

Business Name _____

Street Address _____

City/State/Zip _____

Credit Card Number _____

Expiration Date _____

Circle One please: Master Card Visa.

Authorized Signature

Date
