



4459 Hwy 224 | Park City, UT 84098 | 435.649.1363

CREDIT CARD PAYMENT AUTHORIZATION AGREEMENT

<u>BUSINESS CONTACT INFORMATION</u>	
Company Name:	Owner Name:
Phone (business):	Phone (cell):
Website:	E-mail:
Physical Address:	Mailing Address:
City / State / Zip:	City / State / Zip:
<u>NAMES OF PERSONS AUTHORIZED TO CHARGE ON THIS ACCOUNT</u>	
1.)	
2.)	
3.)	
<u>VISA, MASTERCARD, AMEX &amp; DISCOVER ACCEPTED</u>	
<i>I, AS THE Cardholder/s, hereby authorize Park City Nursery to charge my weekly balance for my Park City Nursery account to my primary or secondary credit card according to the guidelines listed below.</i>	
<ul style="list-style-type: none"> <li>• This credit card transaction will be processed automatically each month</li> <li>• The credit card charge will equal the "AMOUNT DUE" on the statement</li> <li>• The credit card charge will be processed as the following:               <ul style="list-style-type: none"> <li>○ Charges made Monday through Sunday will be charged in full on Tuesday of the following week</li> <li>○ Secondary credit card will be used in the event that approval number cannot be obtained for the primary card number</li> </ul> </li> </ul>	
<i>I, AS THE Cardholder/s, will be responsible for notifying, in writing, the Credit Department one month in advance if cancellation of this service is requested, or if there are any changes to the below card(s) information.</i>	

<u>PRIMARY CARD</u>	<u>SECONDARY CARD</u>
Card Type:	Card Type:
Name on Card:	Name on Card:
Expiration Date:	Expiration Date:
CVV:	CVV:
Billing Address:	Billing Address:

\_\_\_\_\_  
Cardholder's Name, Signature, and Date