

LANDMARK NURSERIES, INC.  
Credit Card Authorization Form

AUSTIN  
1510 Royston Lane  
Round Rock, TX 78664  
512.251.9238  
Fax 512.251.7117

COPPELL  
1100 E. Sandy Lake Rd.  
Coppell, TX 75019  
972.471.6300  
Fax 972.393.2011

FORT WORTH  
5260 Blue Mound Rd.  
Fort Worth, TX 76106  
817.625.9555  
Fax 817.625.8444

HOUSTON  
13103 Old Richmond Rd.  
Houston, TX 77099  
281.495.1820  
Fax 281.495.8130

SAN ANTONIO  
5120 S. Foster Rd.  
San Antonio, TX 78263  
210.648.7955  
Fax 210.648.7965

CARDHOLDER INFORMATION

Company Name on Card: \_\_\_\_\_

Individual Name on Card: \_\_\_\_\_

Credit Card Billing Address, including zip code (Must match the billing statement for the credit card)

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax: \_\_\_\_\_ Drivers License Number and State \_\_\_\_\_

TERMS OF PURCHASE

I, \_\_\_\_\_ am the owner of the credit card referenced on this form. I authorize Landmark Nurseries, Inc. to charge my card as indicated below. If indicated below, I also authorize Landmark Nurseries, Inc. to charge my card for future purchases originated by others or myself.

Check One:

\_\_\_\_\_ Single Purchase Amount \$ \_\_\_\_\_ (Single purchase authorization only)

\_\_\_\_\_ Multiple Purchases Please keep my card information on file for future purchases.

CREDIT CARD INFORMATION

Circle One >> VISA MC AMEX DISCOVER

Card Number \_\_\_\_\_ Expiration Date (Mo/Yr) \_\_\_\_\_

Name Imprinted on Card \_\_\_\_\_

Last three numbers on back of card (in the signature plate) \_\_\_\_\_ Zip Code \_\_\_\_\_

If you prefer, for security purposes, you may call and give the complete card number to us over the telephone. In this case, please list the last four (4) digits of the account number on this form.

APPROVAL/AUTHORIZATION

I own the credit card described on this form and I am its authorized user. I hereby authorize Landmark Nurseries, Inc. to charge the credit card number shown above for the amount indicated on this form. If I authorized Multiple Purchases, I understand that it is my responsibility to notify Landmark Nurseries, Inc., in writing, of any changes to this authorization.

\_\_\_\_\_  
Signature of Card Holder (Must match name on card)

\_\_\_\_\_  
Printed Name of Card Holder

Date: \_\_\_\_\_