

747 N. Church Road, Suite G11
Elmhurst, IL 60126
Phone: (630) 451-0101
Fax: (877) 655-4421
info@myfoliage.com
myfoliage.com



MIDWEST TROPICALS, INC.

Customer Credit Card Authorization Form

All information will be kept completely confidential.

Business Name:
Cardholder Name:
Billing Address:
Credit Card Information: Credit Card Type: ___ Visa ___ MasterCard ___ Discover ___ AmEx Credit Card Number: _____ Expiration Date: _____ Card Security Code*: _____ <i>*American Express credit card: 4 digit number on the front of your card Other major credit cards: 3 digit number on the back of your card</i> Amount to charge: \$ _____ (USD)

I authorize **Midwest Tropicals** to charge the agreed amount listed above to my credit card. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Credit Card Holder to Sign, Date and Print Name Below:

Signature: _____

Dated: _____

Print Name: _____

Completed forms should be sent via fax to (877) 655-4421.