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## 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.