

SANDY ROSE FLORAL, INC.

6850 Vineland Avenue Unit C
North Hollywood, CA 91605
Tel: 818-980-4371 * Fax: 818-980-4598
e-mail: admin@sandyrose.com

CREDIT CARD AUTHORIZATION

Production/Show Title: _____

Contact Person: _____

Address Card is billed to: _____

Office Phone #: _____ Cell Phone # _____ Email _____

Debit Cards (also known as bank card or check card) may only be used for rental charges or purchases. You must use a credit card for deposits.

Credit Card Type: Debit Card American Express Master Card Visa

Credit Card #: _____

CVV/CVV2 Code: 4 Numbers on front of AMEX Card: _____

Last 3 Numbers on back of Master Card/Visa Card: _____

Name on Card: _____ Exp. Date: ____/____/____

Use for Rentals/Purchases and Deposit Use for Rentals/Purchases Only Use For Deposit Only

Keep On File Use only for this Production/Show/Job or until: Date: ____/____/____

Terms and Conditions

I HEREBY AUTHORIZE SANDY ROSE FLORAL, INC. TO PROCESS THE ABOVE CREDIT CARD FOR FULL PAYMENT OF ALL OR ANY PURCHASE, RENTAL, EXTENDED RENTAL, OR LOSS & DAMAGE CHARGES INCURRED BY ME AND/OR MY COMPANY. WHEN SIGNED, THIS DOCUMENT WILL SERVE AS "SIGNATURE ON FILE" FOR ALL RENTAL AGREEMENTS IN MY NAME AND/OR IN THE NAME OF MY COMPANY.

THIS AGREEMENT MAY BE TERMINATED BY EITHER PARTY WITHIN 30 DAYS WRITTEN NOTICE OR UPON THE EXPIRATION DATE OF THE CREDIT CARD, WHICHEVER OCCURS FIRST. ANY OUTSTANDING BALANCE OWED CAN AND WILL BE CHARGED TO MY CREDIT CARD. IN THE EVENT NO FURTHER CHARGES CAN BE PROCESSED ON MY CREDIT CARD, FOR ANY REASON, I AGREE TO BE PERSONALLY RESPONSIBLE TO PAY THOSE CHARGES TO SANDY ROSE FLORAL, INC. UPON DEMAND.

Signature of Card Holder _____ Date ____/____/____

Credit/Debit Card Policy:

Cards are welcome but will incur a 3% surcharge on all orders
Please return this form via fax to 818-980-4598