

CREDIT CARD AUTHORIZATION

**BARTON NURSERY
949 NEW DURHAM ROAD
EDISON, NJ 08817
732-287-5222
732-287-1815 (FAX)**

Name: _____ Fax# _____

Credit Card Type: Visa ___ Master Card ___ American Express ___ Discover ___

Credit Card Number: _____

Expiration Date: _____

Security Code (3 or 4 digits) _____

Cardholder Name: _____

Company Name: _____

Cardholders Address: _____

(This must be the cardholder's address to which the
Visa/Mastercard/ American Express/Discover Card statements are mailed)

I _____ hereby authorize
Barton Nursery Enterprises, Inc. to charge to the above credit card.

**IN THE EVENT THAT PAYMENT IS REFUSED OR DECLINED BY THE
CREDIT CARD CO. THE UNDERSIGNED PERSONALLY AGREES TO
INDIVIDUALLY GUARANTEE PAYMENT OF ALL COSTS AND EXPENSES
OF COLLECTION INCLUDING INTEREST AT THE RATE OF 1.5% (18% PER
YEAR) TOGETHER WITH REASONABLE ATTORNEY FEES.**

Signature: _____
(Signature must be that of the cardholder)

Print Name: _____

Date: _____