

WELBY CREDIT CARD AUTHORIZATION FORM

I (we) hereby authorize WELBY GARDENS CO. (THE COMPANY) to initiate charges to my (our) credit card as listed below and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY a reasonable opportunity to act on it.

Company Name: _____

Cardholder Name: _____ Email _____

Address: _____ Phone Number _____
Billing Zip Code: _____

Credit Card Type: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Credit Card Number: _____ - _____ - _____ - _____
Expiration Date: _____ / _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

This card ☐ does ☐ does not replace a previous card.

☐ I authorize Welby Gardens to charge my credit card on file after each purchase made at Welby Gardens.

Signature: _____ Date: _____

***If card is declined or expired, customer will be placed on COD.**

***Customer is responsible for updating Welby Gardens when new card is received.**