Joshua & Amanda Oliver
6975 NW Gainesville Rd
Ocala, FL 34475
352-816-2641

Credit Card Payment Authorization

CARD TYPE _____ **BILLING ZIP CODE**_____

EXPIRATION DATE: _____ MM/YY **CCV**_____

Card #

NAME_____
(as it appears on the credit card)

BILLING ADDRESS:_____
street, city, state zip

PHONE #_____

E-MAIL ADDRESS: _____

AUTHORIZED USERS: _____

I agree to pay the above per the card issuer agreement. All deliveries paid for by credit card will be charged a 3% credit card processing fee.

_____ _____
CUSTOMER SIGNATURE DATE