



4497 N Highway 224 – P.O. Box 682150 - Park City, UT 84068-1250
 (435) 649-1363 (435) 658-4438 fax

CREDIT CARD PAYMENT AUTHORIZATION AGREEMENT

BUSINESS CONTACT INFORMATION			
Company Name:		Owner:	
Phone:	Fax:	E-mail:	
Physical Address:		Mailing Address:	
City:	State:	ZIP Code:	
NAMES OF PERSONS AUTHORIZED TO CHARGE ON THIS ACCOUNT			
1.	4.		
2.	5.		
3.	6.		

VISA, MASTERCARD & DISCOVER ACCEPTED

I, AS THE Cardholder/s, hereby authorize Park City Nursery to charge my weekly balance for my Park City Nursery account to my primary or secondary credit card according to the guidelines listed below.

- This credit card transaction will be processed automatically each month.
- The credit card charge will equal the “AMOUNT DUE” on the statement.
- **The credit card charge will be processed as the following:**
 - Charges made Monday through Sunday will be charged in full on **Tuesday** of the following week..
- Secondary credit card will be used in the event that approval number cannot be obtained for the primary card number.
- I, as the cardholder, will be responsible for notifying, in writing, the Credit Department one month in advance if cancellation of this service is requested, or if there are any changes to the below card(s) information.

PRIMARY CARD				SECONDARY CARD			
Expiration Date	/	CVS 3 Digit		Expiration Date	/	CVS 3 Digit	
Please Circle	VISA	MASTERCARD	DISCOVER	Please Circle	VISA	MASTERCARD	DISCOVER
Cardholder's Name Address and Phone Number on File with Credit Card Company				Cardholder's Name Address and Phone Number on File with Credit Card Company			
Name				Name			
Mailing Address				Mailing Address			
City, State, Zip				City, State, Zip			
Phone				Phone			

 Cardholder's Name (Please Print)

 Cardholder's Name (Please Print)

 Cardholder(s) Signature(s) Required /Date

 Cardholder(s) Signature(s) Required /Date

Please return the completed and signed agreement to:

Park City Nursery Credit Department
 P.O. Box 681250
 Park City, UT 84068-1250
Or FAX to: (435) 615-2796