



USC LANDSCAPE SUPPLY

Credit Card Authorization Form

(Please fill in the form below and return it to us)

By signing this form I authorize Sanford Inter Science Press to debit my account for \$_____ (USD).

Payment reference: _____

Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	Other: _____
Cardholder Name*	_____				
Card Number*	_____				
Expiration Date (MM/YY)*	_____				
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX)	_____				
Billing Address:	_____				

* Obligatory fields.					

CARDHOLDER SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form. This payment authorization is for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company. I understand that the payment is non-refundable.