

**Delaware Valley Farm & Garden Center Inc**

**P.O. Box 187**

**30 Viaduct Road**

**Callicoon, NY 12723**

**CREDIT CARD AUTHORIZATION FORM**  
**CONFIRMATION OF TELEPHONE CONVERSATION**

**Card Holder:**

Name:

Address:

Telephone #:

Fax #:

Credit Type

M/C

Visa

Am.Exp.

Discover

Credit Card #:

Exp. Date:

CCV #

\*\*Please note: If you will be authorizing someone else to sign for credit card purchases on this account number, please list:

Name:

Address:

Telephone #:

I hereby give written authorization to Delaware Valley Farm & Garden Center, Inc. to charge to my credit card the amount due for material purchased over the telephone without the presence of my credit card.\*

Please check one:

One time purchase for \$

Open authorization with an expiration date of

Comments or other restrictions:

Signature

Date

\*A copy of your driver's license must be provided as a form of your signature for signature confirmation.