## N&N ORCHIDS, INC.

2200 NW 102 AVENUE, SUITE # 1 MIAMI, FL 33172

Phone: 1800-966-7243, Miami 305-406-3766 Fax: 305-718-8488 or 786-507-0525

## CREDIT CARD CHARGE AUTHORIZATION FORM

I (Name)				owers for
I understand that all sales are final and a resolved directly with N&N ORCHIDS, I Company or bank. All sales are FOB M it will be my sole responsibility to receive understand that I will inspect flowers car within 24 hours. I agree that no adjustment followed by written request with N&N C identification number.	INC. Claims Dep iami. Once I'm ac e and/or pick up refully upon rece ents will be made	eartment and not dvised about ship the flowers at fin ipt, and will repo e without timely t	with the Coping arrar nal destinat ort any qua elephone r	credit Card agements rion. I lity problems ootice;
Cardholder Name				
Credit Card Billing Address				
City/State/Zip				
Business Name				
Street Address				
City/State/Zip				
Credit Card Number				
Expiration Date		_		
Circle One please: Security No.		Discover	Visa.	AMEX
Authorized Signature		Do	nte.	