

# ~ Flowers By Victoria ~

"Designs Especially For You"

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Office (847) 289-8368    Cell (630) 935-3628    Fax (847) 289-8369

## Credit Card Charge Authorization Form

Name As Printed on Credit Card: \_\_\_\_\_

Address On File With \_\_\_\_\_  
Credit Card Company: Street Address

\_\_\_\_\_  
City State Zip Code

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_    Signature Panel Code # On Back: \_\_\_\_\_

I \_\_\_\_\_ do hereby authorize Flowers By Victoria  
Printed Name

to charge my Circle One Deposit / Balance Due in the amount of \$ \_\_\_\_\_ to my  
Amount Being Charged Today

Visa / Master Card.  
Circle One

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_