DEVIL MOUNTAIN
WHOLESALE NURSERY

CREDIT CARD AUTHORIZATION FORM

WE ACCEPT VISA, MASTERCARD, & AMERICAN EXPRESS

PLEASE ENTER INFORMATION EXACTLY AS IT APPEARS ON THE CARD

Account/Company Name _____

Name on Card _____

Card Type: (circle one) VISA / MASTERCARD / AMEX Card # __ __ __ __ -__ __ __ __ - __ __ __ __ - __ __ __ __

Expiration Date ____ / ____ Card Verification Number _____

Card Billing Address _____

City, State _____State_____ZIP_____

Email _____

Phone_____ Fax_____

I hereby authorize Devil Mountain Wholesale Nursery, Inc. to charge by credit card for the amount of $_____

□ **Hold my signature for future payment(s)**

_____ _____

Card holder signature Date

Notes: _____

_____

Please return by email or fax to your local Devil Mountain store:

San Ramon (925) 829-6009
sanramon@devilmountainnursery.com

Petaluma (707) 792-1200
petaluma@devilmountainnursery.com

Clements (209) 759-3004
clements@devilmountainnursery.com

Morgan Hill (669) 500-7340
morganhill@devilmountainnursery.com