

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 _____ ZIP Code _____

Email _____

Phone Number _____ Fax _____

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

\$ _____

Keep my card on file for future payment(s)

Card Holder Signature

Date

Notes: _____

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