

# Temple Garden Center Inc.

11314 Lower Azusa Rd., El Monte, CA 91732

Tel: (626) 452-0133 Fax: (626) 452-0198

Email: sales@templenursery.com Website: www.templenursery.com

---

## Credit Card Processing Form

I hereby authorize **Temple Garden Center Inc.** to charge my account for F.O.B. value, Los Angeles, CA, plus incurred shipping charges. I understand that if the order is not sent complete, **Temple Garden Center Inc.** will only charge my credit card for items shipped.

VISA     MASTERCARD

CARDHOLDER'S NAME: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CREDIT CARD NO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Business Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

I DO NOT authorize back orders.

I DO authorize back orders.

### **Permanent Authorization:**

I hereby authorize future orders to be charged to my account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* No returns accepted without Temple Garden Center Inc. Return Authorization Number. \*\***