

## One Time Credit Card Payment Authorization Form

Complete and sign this form to authorize **Oglesby Plants International, Inc.** to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. This document will be shredded at the end of this transaction.

**Credit Card payments are accepted for Invoices or prepayments of \$5,000 USD or less. If your invoice or prepayment exceeds \$5,000 then please use the ACH payment authorization form.**

Please mail, fax (recommended) or email the completed form to:

**Oglesby Plants International, Inc.**  
**15168 N.W. Oglesby Road**  
**Altha, Florida 32421**  
**Fax: 1.850.762.4552**  
**Email: pats@oglesbytc.com**

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### Please complete the information below:

I \_\_\_\_\_ authorize **Oglesby Plants International, Inc.** to charge my  
(full name)

credit card account indicated below for the amount of \$ \_\_\_\_\_ on or after \_\_\_\_/\_\_\_\_/\_\_\_\_. This  
(US Dollar amount) (date)

payment is for Invoice Number(s) \_\_\_\_\_.  
(If this is a Prepayment please enter "Prepay" in the space above)

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please check if you would like your receipt emailed to the above email address or if you prefer a different email address entered here \_\_\_\_\_.

Account Type:  Visa  MasterCard  American Express

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC) or CID (4 digit number on front of AmEx card) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the Oglesby Plants International, Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.