



FERTILIZERS & LANDSCAPE SUPPLIES SALES, INC.

P.O. Box 100 • Main Street • Tennent, NJ 07763
(732) 446-6363 • Fax (732) 446-1344

Merchant Service Compliance Requirement for
One Time Credit Card Payment Authorization Form

Complete & sign this form to authorize Reed & Perrine to make a one-time charge 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.

Please complete all information:

ACCOUNT # \_\_\_\_\_

I \_\_\_\_\_ authorize Reed & Perrine to charge my credit card,
(Full name on credit card)

indicated below for \$ \_\_\_\_\_ on or after \_\_\_\_\_
(Amount) (Date)

This payment is for \_\_\_\_\_
(Invoice Number/s)

Billing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business 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. If this transaction is disputed through your CC Co. there will be a \$50 fee. REV 1/6/2020

One Time Use - Information below will be shredded

Account Type: (check one) Visa MasterCard AMEX Discover
CC Number \_\_\_\_\_
Expiration Month/Year \_\_\_\_\_
CV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

Print, Sign and Return via : Fax: 732-446-1344 or Email: Office@ReedandPerrine.com