



Credit Card Authorization Form

320 Kishimura Dr. #3
Gilroy, CA 95020
Phone: (408)848-0884
Fax: (408) 848-0043
customerservice@hydroponicsoutlet.com

This form **MUST** be printed out and signed by the Cardholder for an order to be shipped to a mailing address different from the billing address. This form is necessary to protect against credit card fraud.

All portions of this form must be completed. Along with this form please also send copies of a) Cardholder I.D. b) Credit Card Front c) Credit Card Back

This form must be mailed, faxed or scanned and e-mailed back to the Hydroponics Outlet before any part of the order will be shipped.

- 1. Order Number (see email confirmation): _____
- 2. Order Date: _____
- 3. Customer Name: _____
- 4. Telephone: _____
- 5. Email Address: _____
- 6. Total Amount (see email confirmation): _____
- 7. Billing Address: _____
City _____ State: _____ Zip: _____
- 8. Shipping Address _____
City _____ State: _____ Zip: _____
- 9. Name on Card: _____
- 10. Customer Service Number on back of card: 1-800- _____

11. I certify I am the bank authorized signer/cardholder for the above account and agree to the charges described herein, which will be charged to my credit card by hydroponicsoutlet.com.

Signature Cardholder

Date

Don't Forget To Send CLEAR & LEGIBLE Copy of CardHolder I.D. and Both Sides of the Credit Card!!