



## CREDIT CARD PAYMENT AUTHORIZATION

Please complete, sign and fax or mail to:

Fax: 336-982-3015 (no cover sheet required)

Mail: P O Box 3 • Crumpler, NC 28617

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

**I authorize Barr Evergreens of NC, LLC to charge my credit card \$  
\_\_\_\_\_ for the balance due on invoice # \_\_\_\_\_.**

Credit Card Info:

Select one: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Card# \_\_\_\_\_ Verification # \_\_\_\_\_ Exp. Date:  
\_\_\_\_\_

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

Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

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

Please return via fax to

336-982-3015

**THANK YOU!!!**