

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. ****