

I give Lynchburg Wholesale Floral Corp. permission to charge my account balance on my favorite VISA, MC or DISCOVER. Please complete form.

Credit Card Account # _____

EXP. Date _____

Name on Card _____

Card Billing Address _____

City _____ State _____ Zip _____

*Customer Account Number _____

Customer Account Name _____

Signature _____ Date _____

Email address _____

Phone _____

Mail to: LWFC P.O. Box 1235 Lynchburg, VA 24505 *LWFC will complete

Date: _____ **Amt.** _____

Date: _____ **Amt.** _____

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