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Credit Card Authorization Form

This document authorizes Tayama Greenhouses, Inc. to use my charge card to pay for purchases paid on my account until notified otherwise.

PLEASE CIRCLE ONE OF THE FOLLOWING:

Visa MasterCard Discover American Express

Card No: _____ Expiration Date: _____

Security Code: _____

Name of Card Holder: _____ Telephone No: _____

Cardholder Billing Address: _____

Name of Company: _____ Telephone No: _____

Address of Company: (if different than billing address) _____

Fax No.: _____ Email Address: _____

Cardholder Signature: _____ Date: _____

If you would like us to use a back-up card in the event that the first card is denied, please attach another sheet with all necessary information.

Please let us know if we can be of any further assistance to you.