



43714 Road 415
Coarsegold, CA 93614
Phone number: 559-683-7097
Fax number: 559-658-8847
E-mail frank@airplant.com

When an order needs to be shipped to an address other than the billing address of the credit card holder, we need to obtain your authorization.

Please follow instructions below to complete our Credit Card Authorization Form.

Instructions

1. **Type all billing and shipping information in the blanks below, OR highlight and print the form and complete the blanks legibly with a dark pen.**
2. **Sign with the credit card holder's signature on the line indicated.**
3. ****Include a photocopy of the front and back of the signed credit card.****
4. **FAX (1-559-658-8847) OR scan and e-mail, or mail the completed form and the photocopies of the credit card to the address above to complete your order.**

Tillandsia International is not responsible for damages that occur in shipping, i.e. freezing, heat damage, breakage, delays, etc. These claims must be filed with the carrier.

RETURN POLICIES

Less than 1% of our shipments have any problems. Tillandsia travels very well and every plant is in top shape prior to packing, once they leave our dock we are not responsible for what happens to them. We recommend that you always check your shipment upon arrival; so that you can file a claim with the carrier should there be any problems. All returns must be pre-approved by our Management staff. Should a problem arise with the quality of your plants you will need to contact our office within 24 hours of receiving your shipment. Due to the plants perishable nature, no returns will be authorized unless we have made a mistake in your order.

I understand the policies listed above.

Signature

Print Name

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Tillandsia International to charge my credit card account in the amount of \$_____ (shipping to be added)

___ VISA

___ MasterCard

Credit Card Number: _____

Expiration Date: ___/___/___ VID Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____

Country: (if not US) _____

Telephone: (____)____-____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____

Country: (if not US) _____

Telephone: (____)____-____

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

___/___/___

Cardholder's Signature

Date

(Optional) As the credit card holder, I also authorize Tillandsia International to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: ___/___/___ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by Tillandsia International.