



CORPORATE OFFICE
5385 Gateway Blvd, #12
Lakeland, Florida 33811
(863) 904-2163
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CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE ALL INFORMATION:

Customer Name: _____

Customer Phone #: _____

Total Invoice Value: _____

Golf Ventures Invoice # _____

NAME ON CREDIT CARD: _____

CREDIT CARD BILL TO ADDRESS: _____

CREDIT CARD NUMBER: _____

CVV2 CODE: _____
(3 digit number on back of card)

EXPIRATION DATE: _____

CARD HOLDER SIGNATURE: _____

****Order will not be processed until the above information is COMPLETE including card holder signature.****

Please check on of the following:

- _____ Covers above invoice(s) only.
- _____ Covers all future purchases. Expires _____
- _____ Covers all future purchases

Ship to address:

PLEASE FAX AUTHORIZATION TO: (863) 669-9650