



Company: \_\_\_\_\_

Account # \_\_\_\_\_

**SPRING MEADOW NURSERY, INC**  
**CREDIT CARD AUTHORIZATION**  
(Please Type or Print)

Dear Customer,

In order to ensure proper authorization and the security of your credit card, please take a moment to complete the following information. This form may be faxed or mailed to Spring Meadow Nursery, Inc. The deposit or balance owed on your order will not be charged until this form has been received.

**CARD HOLDER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Credit Card: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_

**Fax to: 1-800-224-1628**

**OR**

**Mail to: Spring Meadow Nursery, Inc.  
12601 120<sup>th</sup> Avenue  
Grand Haven, MI 49417-9621**

The required deposit amount of **25%** per order will be charged to the above credit card. The balance will be charged **30 days** prior to the ship date. Freight and boxing will be charged upon shipment.

*This credit card authorization is valid until Spring Meadow Nursery, Inc. is notified in writing or until the expiration date on the credit card. Any exceptions are to be noted on this form.*