

COAST TROPICALS

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NEW CUSTOMER INFORMATION AND CREDIT CARD AUTHORIZATION FORM

BUSINESS OWNERSHIP

Business Name: _____

Sole Owner ()

Partnershp ()

Corporation ()

Business Address: _____

City: _____ State _____ Zip Code _____

Phone: _____ Fax: _____ Contact: _____

Emergency Phone: _____ Email Address: _____

Year Established: _____ Federal Tax ID: _____ Seller's Permit No.: _____

Preferred Airline: _____ Airport Destination: _____

CREDIT CARD AUTHORIZATION

Credit Card Type: Visa () Master () WE DO NOT ACCEPT AMEX AND DISCOVER

Card No: _____ Expire Date _____

Name As It Appears On Card: _____

Billing Address Of Card: _____

Security Verification No.: _____

Card Holder Signature: _____

I authorize Coast Tropicals to charge my credit card for any purchase(s) made by my business or to cover non-sufficient funds (NSF) checks and related charges in the event of a returned check.

This authorization shall be in effect until Coast Tropicals receives a written notice to cancel the authorization. Cancellation of the authorization shall not void any obligations that I have for payment to Coast Tropicals for any outstanding charges due.

I have read and understand the above conditions.

Full Name: _____

Card Holder Signature: _____

Date: _____