

Credit Card Authorization and Consent Form

I, _____ hereby authorize
724491 Alberta Ltd. o/a "Petals 'N Blooms" to charge the agreed amount listed below
to my credit card provided herein for my purchase order of any floral and/or gift
product(s) and/or service(s) described below.

Type of Card Visa MasterCard AMEX

Credit Card Number: _____

Expiration Date: _____ Security code: _____

Name of Cardholder: _____

Credit Card billing address: _____

Total amount to be charged: _____ (CAD) Canadian Dollars

Authorized Signature of Cardholder _____

Signing this, I acknowledge the charges described hereon and assume full responsibility
for said charges and agree to honour and abide by the terms of payment in accordance
with the issuing bank cardholder agreement.

Signature: _____

Date: _____

Once signed return the completed form by Fax to: 403-220-0321

Petals 'N Blooms
#109, 4820 Northland Dr NW
Calgary AB T2L 2L4
Ph: 403-220-0123 Fax: 403-220-0321
www.FlowersCalgary.net