



Your Name _____ Wedding Acct# _____

Please charge my credit card number _____

Exp _____ CVV Code _____ as outlined below:

- Charge entire balance due on the due date, which is 15 days before my wedding date.
- Split my balance into equal monthly payments and charge on the _____ day of each month completing my payments on or before the payment due date, which is 15 days before my wedding date.
- Charge my credit card according to the schedule I have outlined below:

Date	Amount		Date	Amount

I agree to pay above total amount according to card issuer agreement.

Card Holder Signature

Date

Mail Completed Form to: (Do Not Email)
Rose of Sharon Florist
PO Box 920
Santa Maria, CA 93456