



CREDIT CARD AUTHORIZATION FORM

Name: _____

Credit Card #: _____ - _____ - _____

Card Exp: _____ / _____

Name on Card: _____

Billing Address: _____

City/State/Zip: _____ / _____ / _____

Phone: _____

By my electronic signature, I authorize Wesley Moody, Inc., dba Moody Tree Farm, to use the above information to process this one-time credit card charge.

Signature

Date

Print Name

For your security, the credit card number provided above will be destroyed by shredding so that no credit card information is saved or stored with us.

Please contact us if you have any questions or concerns regarding this matter.