

Millican Nurseries LLC



Credit card purchase

Please fill in the information below and fax to 603-435-5039. This must be received by 4PM of the day before your scheduled delivery. The information will be used to charge your credit card for the amount invoiced. If you have more than one invoice, you must list all invoice #s to be charged for.

If for some reason, the credit card is not authorized, you will be required to make payment upon receipt of the delivery or pick up.

Please charge my credit card listed below for the amount of _____, which is the amount of my delivery/pickup on invoice # / Invoice #s _____.

Name on the credit card. Please print.

Address _____

City, State, Zip _____

Address as appears on the credit card billing.
Authorization can be rejected if addresses do not agree.

Circle One: Visa Mastercard Discover Amex

Credit Card Number

Month _____ Year _____
Expiration Date

CCV # on the back of your card _____.

Signature of the Card Holder