



SHOPTROPICALS

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## CUSTOMER AGREEMENT

### CUSTOMER INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### ACCOUNTS PAYABLE CONTACT

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ShopTropicals is NOT currently granting credit. Terms are based on standard company policy. All clients (*unless with previous terms with ShopTropicals or GCGC members*) are set to prepay. After 3 consecutive orders of prepay, you may be eligible at the company's discretion for terms of 50% deposit 50% at delivery. All clients are to have a credit card on file.



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## CREDIT CARD AUTHORIZATION FORM

### BILLING INFORMATION

Please enter all information EXACTLY as it is registered with your credit card company.

CARD TYPE \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### CARDHOLDERS CONTACT

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

I, the cardholder understand that this authorization will remain in effect until it expires naturally, or upon CCC's request of the issuing bank to terminate the authorization. This authorization may also be used in the case of any returned/stopped or non-sufficient checks issued for payment along with past due invoices. Not responsible for typographical errors. Being the card holder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize SHOPTROPICALS to charge my credit card. I further agree that in the event that my credit card becomes invalid, I will provide SHOPTROPICALS with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to SHOPTROPICALS. I also agree and acknowledge there is a 3.5% fee added for all credit card charges.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_