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CREDIT CARD AUTHORIZATION

BANK NAME: _____ *(please circle)*

CC #: _____ - _____ - _____ - _____ VISA | MC | AMEX

EXPIRATION: ____ / ____ CVV CODE#: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

I (We) hereby certify that the above information is correct to the best of my knowledge. If the above information is incorrect, causing the Credit Card Company to withhold or charge back payments, Agrowtek Inc. reserves the right to revoke any and all credit limit granted. If purchases are not shipped to the billing address, I authorize Agrowtek Inc. to ship to the "Shipping Address" below.

For the following order# only: _____ Keep information on file

CARDHOLDER NAME: _____

CARDHOLDER SIGNATURE: _____ DATE: _____

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

SHIPPING ADDRESS: SAME AS BILLING

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Fax this form to: 224-538-2320 or email to: agrowtek@agrowtek.com