



Corporate Headquarters
6606 W. Broad Street
Richmond, VA 23230

Combined Credit Card Authorization Form

I,

(Customer Name)

Authorize*

(Store Name and Address)

to charge the credit account indicated below for deliveries made per my telephone, mail or automatic fill program request. This payment form will remain in force until the expiration date of the credit account listed below or until I notify the store at the above store address, by mail.

VISA	MasterCard	Discover	AMEX	John Deere Financial

(Mark the appropriate box for the payment type)

Name as it appears on card: _____

Billing address for credit card: _____

Customer Phone Number: _____

Credit Card Number: _____ Exp Date: _____

Customer Signature: _____ Date: _____

*Declined charges to the above listed account will be billed to you. Payment in full is expected within thirty (30) days from the date of the bill. If payment is not received within that time, Southern States reserves the right to charge interest at a rate of 18% per annum as well as reasonable attorney's fees in the event litigation or other collection efforts are required.

AUTHORIZED USERS

I hereby authorize the following individuals to sign my Credit Card account listed above on my behalf for products and/or services purchased or ordered per telephone request, mail request, or in person made by myself or by persons authorized below.

Authorized:

Authorization Canceled By:

(1) _____ (1) _____ (1) _____ Date _____
Print Signature Account Holder

(2) _____ (2) _____ (2) _____ Date _____
Print Signature Account Holder

(3) _____ (3) _____ (3) _____ Date _____
Print Signature Account Holder

Note: If any Authorized User is no longer authorized to place charges, the Card Holder must cross out the Authorized User's name, sign and date the form opposite the name that has been stricken.

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