



P.O. Box 1434, George Town, Grand Cayman, Cayman Islands

Tel: 345 525 3845 or 345 939 0456

Email: Events@mystic-floral.com

Card Authorization Form

Ref Invoice # _____

I, _____, authorizes Mystic Floral Ltd. to
Full Name on Card

charge my Visa/Master card _____, exp. _____, in
Card Number MM/YYYY

amount \$ _____ KYD/USD.

Date: _____

Signature: _____

*****Please provide a valid ID matching name on the card. Unfortunately we do not accept AMEX at this time, we apologies for the inconvenience. *****

- Form and requested documents can be returned to Events@mystic-floral.com