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| HLOOM.png | COMPANY NAMECredit Card Authorization Form |

In order for COMPANY NAME to accept and bill your credit card, please complete all fields below, sign, date and fax to 123-123-4567. Please provide the following information as it appears in your order. All information sent is strictly confidential and COMPANY NAME adheres to the highest standards of account data protection.

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| **Attention:** |  |
| **Billing Information**: (as it appears on your credit card statement) |
| Company: |  | Name: |  |
| Billing Address: |  |
| City: |  | State: |  | Zip: |  |
| Phone: |  | Fax Number: |  |
| Email: |  |  |  |
| Credit Card Type: | □ Visa | □ MasterCard | □ American Express |
| Cardholder’s Name: |  |
| Credit Card #: |  | Expiration Date: |  |
| Credit Card Security Code: |  | Amount to be charged: |  |
| **Please Check the Appropriate Box(es):** |
| □ | **One Time Use:** I hereby authorize COMPANY NAME to charge the indicated credit card the amount indicated above. This is a one-time charge authorization. I am not authorizing COMPANY NAME to setup my account within a recurring billing system. I understand that if I want COMPANY NAME to charge any balances to my credit card in the future, I will need to submit another authorization form at that time or choose the selection below. |
|  | **Please initial here:** |  |
|  |  |  |
| □ | **Recurring Billing:** I hereby authorize COMPANY NAME to charge the indicated credit card on a periodic basis for the amount due under my contract with COMPANY NAME as indicated above. This Recurring Payment Authorization shall remain in force until cancelled by me in writing. |
|  | **Please initial here:** |  |
| **Authorization**: |
| Signature of Card holder (Required): |  | Date: |  |