|  |  |
| --- | --- |
| 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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | |  | |