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| --- | --- | --- | --- | --- |
| COMPANYNAMECREDIT CARD AUTHORIZATION | | | | |
| Customer Information Contact Name:  Telephone:  Email:  Address:        Country: | | | Please fill out, scan and send completed form via:  Fax:  123-123-4567  Mail:  123 Park Avenue,  Michigan 69789 MI  Email:  Info@hloom.com  *Any information sent via E-Mail or Fax is not secure and is being transmitted at sender’s own risk.* | |
| Credit Card Account Account Type: \_\_ VISA \_\_ MASTERCARD \_\_ DISCOVER \_\_ AMEX  Account Number:  Expiry Date:  Security Code:  Cardholder Name:  Address:        Country: | | | It is the Customer’s responsibility to inform COMPANY NAME of any changes to the billing address, expiration date and/or changes to the card holder’s name of credit card account provided.  Any information provided in this form will be used for the completion of this transaction only, and will be destroyed after completing the purchase. | |
| **Authorization**  I authorize COMPANY NAME to debit the credit card account provided above for the purchase of product by the above Customer. I also understand that this authorization will remain valid and continue until I cancel such authorization in writing. | | | | |
| Authorized Signature: |  | Date: |  |  |
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