

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize HSAINT LLC, to charge my credit card for all orders made by myself or any authorized representative from the Member _____ (Company Name).

PRIMARY CREDIT CARD

Corporate Company Name:			
Type of Card (Select ONE):	() Visa () Mastercard () Discover () Amex		
Credit Card Number:			
Expiration Date:	Month:		Year:
CVV2 (Security Code #):			Visa and Mastercard, last 3 digits on back
Name As It Appears On Card:			
Billing Address (Where you receive your credit card statement)			
Street Address:			
City:		State:	
Postal Code:		Country:	
Phone:		(Please include country code)	
Email:			
Cardholder Signature:			
Cardholder Signature:			
Date:			

Please be advised that this authorization will be kept on file for all future credit card transactions. This Credit Card Authorization covers purchases made from HSAINT LLC. Shipping charges may also be added. The invoice and credit card receipt will be forwarded to the customer.