# HLOOM.png

# CREDIT CARD PAYMENT AUTHORIZATION

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | |  | | |  | | | |
| Organization Name: | | |  | | | | | | | | |
| Phone Number: | |  | | | | Customer Account #: | | | |  | |
| Name of the person placing order (if different from above): | | | | | | | | |  | | |
|  | | | | | | | | | | | |
| Credit Card (circle one): | | | | MasterCard | | | VISA | | | | American Express |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Credit Card #: |  | | Expiration Date: |  | |
| Cardholder Signature: | |  | Cardholder Name: | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PAYMENT FOR:** | | | | |
| **Description** |  | **Invoice Number** |  | **Amount Due** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total due to be charged in USD:** | | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Special Handling Instructions:** | | | |
|  | Charge total amount due | |
|  |  | |
|  | Charge each invoice individually | |
|  | Other Special Instructions: |  | |

**PLEASE DO NOT E-MAIL THIS FORM**

*(E-mail is not a safe way to send your credit card details)*

Please fax completed form to our fax number:

**(123) 456 7899**