# 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**