



## Authorization of Credit Card Use

A legible copy of both sides of the credit card **MUST** accompany this document.

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**Credit Card Holder Name**

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**Credit Card Number**

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**Expiration Date**

**3 or 4 Digit Security Code (CVS)**

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**Issuing Bank & Telephone Number**

Billing Address:

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Phone Number:

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Unless an alternative form of payment is given, I give full authorization to The PA Hutchison Company to charge the above credit card for our product.

Cardholder Signature & Date

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