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| HLOOM.png | Credit Card AuthorizationMULTIPLE USE |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| With my signature below, I hereby authorize COMPANY NAME to maintain a record of my Credit Card information and to charge my credit card for services ordered by myself or by others, either in writing, by telephone, fax or email.  I understand this Credit Card will be charged for **each product and service** that is purchased from COMPANY NAME.  I authorize the persons named below, if any, to order products and services to be processed on my behalf, and hereby authorize COMPANY NAME to charge this Credit Account for the products and services the named person may order either in writing, by telephone, fax, or email. COMPANY NAME may continue to accept orders from any below named person until informed otherwise in writing.  If you have any questions, please call 123-456-7899  **Please fax completed signed document to: 123-123-4567** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| ALL INFORMATION MUST BE COMPLETED | | | | | | | | | | | | | | | | |
| Credit Card Type: | | | | □ Visa | | | | | □ MasterCard | | □ AMEX | | | | | |
| Credit Card #: | | |  | | | | | | | Expiry Date: | | | |  | | |
| Cardholder Name: | | | | |  | | | | | | | | | | | |
| Name of Company: | | | | | |  | | | | | | | Tel: | | |  |
| Address: | |  | | | | | | | | | | | | | | |
| City: |  | | | | | | State: |  | | | | Zip: | | |  | |
| **X** | | | | | | | | | | | | | | | | |
| *(Signatures – as shown on Credit Card)* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Authorized NameS | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | |

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