

Credit Card Authorization Agreement

Contact Information

Company Name	e:				
Name on Card:					
Billing Address:					
City:			State:	Zip Code:	
Phone #:			Email Address	s:	
		Pay	ment Authoriza	ation	
Card Type:	Visa	MasterCard	Discover	AMEX	
Card Number:	Card Number: Expiration Date:				
Security Code:					
Card Authorization Machinery Inc. h signature on this authorization is w signing this authorization for purchases an are not paid time response from be	on form. I armless a form will valid for fivorization, ad/or servitely by other ges over \$\)	agree that I will pa gainst any liability serve as an author (e (5) years or until I agree that Hayde ces rendered withing means and/or au acted regarding suc \$3,000, a 3% procenerchandise.	y for this purchar pursuant to this rized signature of the authorized in Machinery India in 5 year validate thorizations, and the purchase and essing fee will be	m Hayden Machinery Inc. using this Credit ase and indemnify and hold Hayden authorization. I understand that my on the credit card charge slip. This card expires, whichever occurs first. By c. will be allowed to run this card at any time ion on both current invoices and invoices that d/or if in the event customer does not provided/or service. I also understand and agree e incurred and added to the total amount of	
		СО	NFIDENTIAI	-	
Print Name:		Signa	iture:	Date:	