# Registration and Credit Card Authorization HLOOM.png

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | |
| Date | | |  | Type of Account | | |  | | | | | | | Account # | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| First Name | | |  | | | | Last Name | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | City |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Phone Number | | |  | | State | |  | | | | | | | | | Zip | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| Fax Number | | |  | | | | E-mail | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Billing Address | | | | | | | Please Check One | | | | | | | | | | | | |
| □ Same as Above | | | | | | | Business Account | | | | | | | | | | |  | |
|  | | |  |  | | | Personal Account | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| Name | | |  | | | | Address | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| City | | |  | | State | |  | | | | | | | | | | Zip |  | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Card # |  | | | | | | CVV # | |  | | | | | | Exp. Date | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| Card Type | | | Visa | | | Name on Card | | | | |  | | | | | | | | |
|  | | | MasterCard | | |  | | | | |  | | | | | | |  | |
|  | | | American Express | | |  | | | | |  | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **I wish to authorize COMPANY NAME, using this Credit Card Authorization Form, to charge this credit card for all charges incurred including but not limited to services rendered under this account.**  **I have been given a price quote and/or fully understand the charges required for my request to be completed. The undersigned hereby authorizes COMPANY NAME to charge the outstanding portion of the account balance (or that specific amount stated below) to the credit card.** | | | | | | | | | | | | | | | | | | | |
| Print Name | | |  | | | | | Signature | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Charge Type | | □ | **Closed: only for this service** *(must submit new form for each charge)* | | | | | | | | | | | | | | | | |
|  | | □ | **Open: all future services** | | | | | | | | | | | | | | | | |
|  | | □ | **General: apply to outstanding balance on account** | | | | | | | | | | | | | | | | |
|  | |  | **Amount to be charged $** | |  | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |

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