



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN
All information will remain confidential

Name on Card:

Billing Address:

Credit Card Type: Visa Mastercard _____ Discover _____ Amex

Credit Card Number: _____

Expiration Date:

Card Identification Number: _____ (last 3 digits located on back of card/ 4 digits on front of card for AMEX)

Amount to Charge: \$ _____ (USD)

I authorize _____ HDI _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Card-holder Please Sign and Date:

Signature: _____

Date: _____

Print Name: _____

_____ I authorize HDI to keep my CC on file for future purchases, specific values can be confirmed via text message and/or traceable email eliminating the need for the form every purchase. (Please initial)

- A 1.5% CC surcharge will be added for all orders over \$1500.

Return completed signed form to: Michelle@hdigauges.com Phone:713-255-1421