

CREDIT CARD AUTHORIZATION

**L.V. Hiers, Inc
P.O. Box 1229
Macclenny Florida 32063
904-259-2314
904-259-4518 FAX**

DATE: _____

I hereby authorize L.V. Hiers, Inc. to charge my Credit Card for each individual order placed by _____. This authorization will stay in place until otherwise stated in writing by _____. A copy of the credit card authorization will be faxed to fax# _____ after each transaction.

NAME ON CARD: _____

CARDHOLDERS ADDRESS: _____

TYPE OF CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

PLEASE SIGN BELOW TO AUTHORIZE SALE.

CARDHOLDERS SIGNATURE: _____