



Credit Card Blanket Authorization Form

Customer Information

Customer Number: _____
Customer Name: _____
Contact Name: _____
Contact Phone: _____

Credit Card Information

Process credit card charges: Weekly Monthly

Credit Card Number: _____
Expiration Date: _____
Security Code: _____
Name on Credit Card: _____
Billing Address of Credit Card: _____

E-mail receipt to: _____

*Required

Invoice Information

Send Invoice Copies: Yes No

If yes, send to: E-Mail _____
 Fax _____

Customer Authorization

I do hereby authorize Hill and Markes, Inc. located at 1997 State HWY 5S, Amsterdam, New York 12010, by way of the following signature, to make periodic charges to the account referenced above. This authorization will remain in effect until canceled by the authorizing signature only. It needs to be in writing, with a 10 days advanced notice.

Authorized Signature: _____
Print Name: _____
Title: _____
Date: _____