

CREDIT CARD BILLING AUTHORIZATION FORM

Company Name		
Person Authorizing		
Issuing Bank		_
Credit Card#	Exp Date: CVV:	
State / Province		
ZIP / Postal Code		
Phone #		
FAX #		
Bill credit card one time for the amount of \$ Keep my credit card on file and charge when product is ready to ship. Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at the discretion of Greenington, LLC if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should be immediately reported to orders@greenington.com		
Changes in the status of any	card on file can also be reported to orders@greenington.com	
The undersigned is the duly	authorized representative of	_above.
Authorized Signatue:	Date:	
Printed Name:		

7.8.2014