

Hughes Outdoor Credit Card Billing Authorization Form

Credit Card Information			
Your Company Name			
Authorizing Person			
Credit Card Type	AMEX ()	VISA ()	MC ()
Name on Card			
Card Number			
Expiration Date			
CID #			
Billing Address			
Billing City, State			
Billing Zip			
Payment Options - Select One			
Once ()	Please bill my card once for the following amount (\$)		
Monthly ()	Please bill my card monthly for the amount of services provided under contract on the _____ day of each month.		
<p>The undersigned is an authorized user of the referenced credit card and is authorized to place these charges.</p>			
Name:			
Authorized Signature:			
Date:			

Please sign and email to ccpmts@hughesoutdoor.com or fax back to 804-784-0502