



Customer Credit Card Charge

Authorization Form

* * * URGENT * * * BANK CREDIT REFERENCE Please fill out this form so that we may submit to your bank for credit reference.	
Company Name	Company Phone
Company Address:	·
Bank Name	Credit/Debit Card Number #
Expiration Date:	Security Code:
Billing Address :	
Contact Bank Phone #	Bank Fax #
As the credit card holder, I approve HLC Wholesales Inc. to charge my credit card for future purchases approved by me and delivery of goods to me: I, the undersigned, also hereby certify that the above information, given for credit purpose, is true and correct.	
Print Signer Name Authorized Sig	gnature Date
Poear Bank Officer: The above captioned company has listed your bank as a credit reference. Please help us make a fair decision by completing this form and returning it by fax at your earliest convenience. We appreciate your assistance in providing the following which will be held strictly confidential. Thank you! Credit department of HLC Wholesales Inc Fax: 212-8892599 Account Number: Account Type: Checking / Saving / Other	
Date Account Opened:	Account Type: Checking / Saving / Other
Date Account Opened.	Account Type: Checking / Saving / Other
Current Ralance	
Current Balance:	
Average Balance:	
Average Balance: Non- Sufficient History:	
Average Balance: Non- Sufficient History: Line of Credit: Yes No How much	
Average Balance: Non- Sufficient History:	