



CREDIT CARD AUTHORIZATION FORM – SINGLE ORDER USE

Date: _____ / 20____ Customer PO #: _____

Order Amt: \$ _____ Shipping/Handling*: \$ _____ Total amt: \$ _____

Credit Card #: _____

3 or 4 digit Card Security Code: _____ Expiry Date: _____ / _____

Card Type: _____ Visa _____ MasterCard _____ Discover

Full Name as it Appears on Card: _____

I hereby authorize HXI, LLC to charge my credit card for this purchase, by myself and/or persons listed below. I understand my credit card will be charged when goods are shipped, unless other arrangements have been made.

Card Holder Signature: _____ Day Phone #: _____

Address to which Credit Card Statement is sent:

Street Address _____

City _____ State/Province _____ Postal Code _____

Issuing Bank: _____ Bank Phone # (from card): _____

The following persons are authorized to use this card on my behalf:

For HXI Use Only: Card verified by _____ Date: _____ / 20____

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