

Debit/Credit Card Authorization Form (Wholesale Orders)



Please Send To:
Heavy Cover Inc
P.O. Box 84
Duluth, MN 55801
Fax (480) 247-4645
info@HeavyCoverInc.com

SECTION I – Card Information

- 1) Name on YOUR credit card: _____
- 2) Billing Address: _____
- 3) Check one: Visa Master Card 4) Type of Card: Credit Debit
- 5) Credit Card Number: _____
- 6) Expiration Date: _____
- 7) Three digit verification code: _____
- 8) Email address: _____
- 9) Your Contact Phone Number: _____

SECTION II – Authorization to Charge for Specific Orders (if preferred)

Total Amount \$ _____ you authorize Heavy Cover to charge.

I understand that my signature on this contract will serve as my authorization to process payment on my purchase. I understand that using a credit card fraudulently is illegal and charges will be pursued to the full extent of the law.

Signature: _____ Date: _____

SECTION III – Authorization to Charge on Re-Occurring Orders (if preferred)

I understand that my signature on this contract will serve as my authorization to process payment on my purchases and as a signature on file for all authorized charges and outstanding balances now and in the future. I understand that using a credit card fraudulently is illegal and charges will be pursued to the full extent of the law.

Please circle your preferred time of payment for balances on your account:

Immediately 1st of the Month 15th of the Month

Signature: _____ Date: _____

Please note that Charges will appear from **Heavy Cover** on your credit card statement.