



Credit Card Charge Authorization

Customer Information

Date: _____
Customer / Company name: _____
Phone: _____
Fax: _____
Email: _____

Credit Card Information

MasterCard Visa Amex

Credit Card Number: _____
Expiration Date: _____/_____
Name as it appears on card: _____
Address (as it appears on statements): _____
City: _____
State: _____
Zip: _____

Please keep my credit card info on file (Please circle one) YES NO
**Please note for charges over \$500 an authorization form is still required

Total Charge: \$_____

Payment Agreement

I, (please print name) _____, give Hellman Production Inc

permission to charge my credit card in the amount of (total charge) \$_____

This payment applies to invoice/estimate number(s) _____

Customer agrees to pay 15% for any canceled transaction.

Customer Signature: _____ **Date:** _____

Please sign and fax to: 323.456.0449