



A Division of HAMMETTE INTERNATIONAL, INC.

PHONE
863-299-3901

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www.hammette.com

FAX
863-299-4057

CREDIT CARD AUTHORIZATION FORM

Date: _____ Company Name: _____

In Payment of Invoice(s) #: _____

OR Deposit on Order(s) #: _____

Please Charge My: _____ In the Amount of: \$ _____

Card Number: - - - Security Code: _____ Exp. Date _____

The Security Code is a 3 digit number located on the backside of your card, to the right of the signature line.

Cardholder Name (NOT Company Name): _____

Cardholder Billing Address: _____

Cardholder Phone: () - _____ Cardholder Fax: () - _____

I authorize R.L. Hammette & Associates to charge all subsequent invoices as they become due to my credit card noted above.

Cardholder Signature: _____ Click here if submitting via e-mail:

Please mail, fax, or e-mail this form to R.L. Hammette & Associates at:

P.O. Box 846
Eagle Lake, FL 33839-0846

Fax: (863) 299-4057

E-Mail: helen@hammette.com

Submission of this form via any method gives complete authorization to Hammette International, Inc. to charge the above-noted card for any and all fees invoiced to your account.