



Credit Card Authorization Form

Invoice/Order # _____

Sales Rep _____

If you wish to use a credit card for this order, please provide the following information:

Company Information	
Business Name:	
Contact Name:	
Address:	
City, State, Zip, Country:	
Phone:	
Fax:	
Email:	

Credit Card Information	
Name on Credit Card:	
Billing Address:	
City, State, Zip, Country:	
Type of Card:	Visa / Master Card / AMEX / Discover
Credit Card Number:	
Expiration Date:	
CVS Code:	

Amount Charged: _____

I hereby give **JHPUSA.com** permission to charge my credit card for the amount(s) above. By Signing Below, I agree to all terms and conditions of this agreement.

Card Holder Signature _____ Date _____