



CHRISTOPHER HYLAND INCORPORATED

CREDIT CARD AUTHORIZATION FORM

Invoice #(s): _____ (must list all invoice numbers here).

Company Name: _____

Cardholder Name: _____

C.C. Billing Address: _____

_____ **Zip Code:** _____

Telephone: _____

Credit Card Type: _____

Card Number: _____

CC Verification Code: _____ (found in signature area on back of card)

Expiration Date: _____

I authorize Christopher Hyland, Inc. to charge my credit card number indicated above in the **amount of (this must be written out in longhand):**

_____ dollars.

(\$ _____)

I AM FULLY AWARE THAT CHRISTOPHER HYLAND, INC. DOES NOT ACCEPT RETURNS OR EXCHANGES AND THAT ALL SALES ARE FINAL. MY SIGNATURE HEREIN BELOW CONFIRMS MY ACCEPTANCE OF ALL THAT IS STATED ABOVE.

Cardholder Signature: _____

Date: _____