



351 FAME ROAD, SUITE B
WEST CARROLLTON, OH 45449
FAX (937)247-0501

CREDIT CARD AUTHORIZATION FORM

This is to authorize the use of the following credit card on all transactions with JH Distributors, Inc until otherwise instructed by account holder:

ACCOUNT NAME: _____

CARD TYPE: VISA MC AMEX DISCOVER

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS ON CC: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____/_____

SECURITY CODE: _____

AUTHORIZED SIGNATURE: _____

I certify under penalty of law that I am authorized to use the above noted credit card

Signature

Print Name

Business Name

Telephone Number

Please fax this form upon completion to JH Distributors, (937)247-0501