



**H&M Distributors, Inc.**  
141 Cassia Way, Suite A  
Henderson, NV 89014

PHN: 1.888.203.6360  
Email: cs@hmlighting.com

## Credit Card Authorization Form

### Card Holder Information

Company Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Authorization

Card Type:  Visa  MasterCard  AMEX

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_

Please reference the picture to the right for the location of this number on your card (CVV)

(Visa, MasterCard: 3 digits on back) (AMEX: 4 digits on front)

Visa, MasterCard  
& Discover CVV2



American Express  
CVV2



I hereby authorize the purchase of service/merchandise from H&M Distributors, Inc. using this credit card Authorization Form. I agree that I will pay for this purchase and indemnify and hold H&M Distributors, Inc. harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip. This authorization is valid for a period of one year.

Directions: Please print this page, fill out all required information above, and fax to H&M Distributors, Inc. at **702-294-8946**

**CONFIDENTIAL**

**FAX COMPLETED FORM TO 702-294-8946**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_