



## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.  
This authorization will remain in effect until cancelled.

| Credit Card Information  |
|--|
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX<br><input type="checkbox"/> Other _____ |
| Cardholder Name (as shown on card): _____  |
| Card Number: _____   |
| Expiration Date (mm/yy): _____   |
| Cardholder ZIP Code (from credit card billing address): _____  |

| Billing Information |
|---------------------|
| Address: _____      |
| City: _____         |
| State: _____        |
| Zip Code: _____     |
| Phone Number: _____ |

I, \_\_\_\_\_, authorize **Green Hills Supply** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\*\*Please Send Completed Form To [order@greenhillssupply.com](mailto:order@greenhillssupply.com)\*\*