



## 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:     Discover     Visa     Master Card     AMEX

Other: \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

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

Expiration Date (mm/yy): \_\_\_\_\_

Security Code: \_\_\_\_\_

Credit Card Billing Zip Code: \_\_\_\_\_

### 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)\*\*