



# ORTHOPEDIC & SPORTS MEDICINE

## Credit Card Authorization

H&W Sales Rep: \_\_\_\_\_

Hely & Weber Account: \_\_\_\_\_

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

Firm Name: \_\_\_\_\_

DBA \_\_\_\_\_

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

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

Accounts Payable Contact and Phone Number: \_\_\_\_\_

Manager/Buyer: \_\_\_\_\_ E-mail: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Check One: ( ) Corporation ( ) Partnership ( ) Sole Proprietor

Type of Business: \_\_\_\_\_ EIN.: \_\_\_\_\_

### PARTNERS/SOLE PROPRIETOR INFORMATION

(1) Name: \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

(2) Name : \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

### THIRD PARTY AUTHORIZATION FOR USE OF CREDIT CARD

On the date (today's date) of \_\_\_\_\_, I \_\_\_\_\_ hereby certify that the following named users are authorized to charge the below listed credit card on my behalf.

Last 4 digits of credit card \_\_\_\_\_ Please contact Hely & Weber Accounting Department to disclose full credit card number and details (800) 654-3241 option 2.

Card Bearer's signature attests financial responsibility and willingness to pay all invoices in accordance with Hely & Weber's terms. A monthly service fee of 1.5% will be charged on all past due accounts.

\_\_\_\_\_  
Card Owner - Original Signature

\_\_\_\_\_  
Authorized Card User - Print Name

\_\_\_\_\_  
Card Owner - Print Name

\_\_\_\_\_  
Authorized Card User - Title

\_\_\_\_\_  
Card Owner - Phone number

\_\_\_\_\_  
Authorized Card User - Phone number

\_\_\_\_\_  
Authorized Card User - Print Name

\_\_\_\_\_  
Authorized Card User - Print Name

\_\_\_\_\_  
Authorized Card User - Title

\_\_\_\_\_  
Authorized Card User - Title

\_\_\_\_\_  
Authorized Card User - Phone number

\_\_\_\_\_  
Authorized Card User - Phone number