

Credit card authorization form

Please complete this form, email it or fax to the contact below and **call in remaining information for payment processing.**

Email: Authorization.AS.AP@Hexagon.com **Phone:** +1 309.291.0966

Company information

Company name: _____

Phone number: _____

Email address: _____

Credit cardholder information

Type of credit card: _____
(Visa, MC, Discover, Amex)

Card holder name: _____
(As it appears on card)

Account number: _____ - _____ - _____ -

Expiration date: _____ **Security code on card:** _____ Please call to provide

Billing address: _____

City: _____ **State:** _____ **ZIP code:** _____

Authorized amount: _____ **Estimate number:** _____ **PO number:** _____

Authorization of card use

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "authorized amount" field. I understand this is only for up to this amount during the time period of "dates of charges" referenced above. If additional charges are going to be authorized a new form will have to be completed.

Signature: _____ **Date:** _____

Contact Hexagon | AutonomouStuff

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