

# HERITAGE SPORTSWEAR, INC.

Customer Credit Card Information

P.O. Box 760 • Hebron, Ohio 43025 • Toll free 1-800-537-2222 • Fax 740-928-3223

## CONFIDENTIAL INFORMATION

Customer # \_\_\_\_\_

## CREDIT CARD ACCOUNT AUTHORIZATION

I/We authorize Heritage Sportswear Inc. to bill my/our

AMEX     VISA     MasterCard     Discover Card

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

3-Digit CID (Card Identification Data) Shown On The Back Of Your Card \_\_\_\_\_

### Cardholder s name and address

Person(s) name \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, zip \_\_\_\_\_  
Telephone no \_\_\_\_\_

### Company name and address

Company name \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, zip \_\_\_\_\_  
Telephone no \_\_\_\_\_

Customer(s) name, authorized signature, date \_\_\_\_\_ Name, authorized signature, date \_\_\_\_\_  
*The above listed addresses must be acceptable ship-to addresses ONLY*

Issuing bank \_\_\_\_\_ Phone no. of supplying bank \_\_\_\_\_

### STATEMENT OF AUTHORIZATION

The purpose of this statement is to authorize HERITAGE SPORTSWEAR INC. (also stated as the merchant ) to process credit card transactions from the above stated applicant. These transactions will be processed via phone orders or in person at merchants location of business operation.

I/We have enclosed a photo copy of the above stated credit card (front and back) for proper verification of these transactions. I/We will update the merchant upon the expiration date and/or other necessary information as the credit card stated above is renewed.

By signing this document I/We am/are accepting responsibility for these transactions to ensure full and proper payment to the merchant.

I understand that I am authorizing the merchant to charge my card on all unpaid balances on my account, delinquent or otherwise stated.

NAME

AUTHORIZED SIGNATURE

DATE