



Customer Credit Card Authorization Form

Company Name

Name on Credit Card:

Credit Card #:

Expiration Date:

Security Code:

Ship to Zip Code:

Credit Card

Billing Address with Zip Code:

NOTES

(For Office Use Only)

Amount to be Charged: \$

Authorization #:

Invoice #:

Batch #:

Person Charging:

Date Charged:

I, _____, hereby authorize Manakz Corporation DBA HSA Packaging Systems to charge my credit card account in the amount not to exceed that shown above.

Cardholders Signature _____ Date: _____

The completion of this form helps us protect our customers from Credit card fraud. Manakz Corporation DBA HSA Packaging Systems promises to keep all information entered strictly confidential.

HSA PACKAGING SYSTEMS

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