

# CREDIT CARD AUTHORIZATION FORM



**REMIT TO:** 2070 N. WHITE AVENUE • LA VERNE, CA 91750  
909-598-2706 • FAX: 909-598-1427

10 W. MAYFLOWER AVENUE • NORTH LAS VEGAS, NV 89030  
702-639-0156 • FAX: 702-639-0537



**Card Type:** \_\_\_\_\_

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

**Expiration Date:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Billing Address Associated with Card:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

I authorize Haaker Equipment Company / Total Clean to bill my credit card in the amount of

\$ \_\_\_\_\_

Description of charges: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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