

CREDIT CARD / DEBIT CARD AUTHORIZATION FORM

Date:	Compan	y Name:			(the "company")
I,		(name),		(title) of	the company am the
					rize Housby to debit such
card for purchas	es of services	and/or parts and	equipment	t from Housby	when I am not present.
				_	
-	-	-		-	sing the card on the
		er's license #, PO#	t, call before	re using, etc., p	lease indicate such
requirements he	ere:				
company for ch chargebacks wi	arges by Hous Ill constitute a	sby on the credit of breach of contro	card belov ict. I agre	v and underst e to waive any	with my credit card and that any such chargeback rights I narges by Housby on the
Credit Card Info	(circle one)	Master Card	Visa	Discover	American Express
Card #					
Printed Name (a	s it appears or	n card)			
Expiration Date	e				
3 or 4 digit secu	ırity code				
Pre-Approved Charge Amount \$ (Note: There is a 4% fee that will be a					
Exact Billing Ado	dress as it appo	ears on Credit Car	d statemei	nt (where state	ements are mailed)
_		tate: Zip:			
Phone: ()					
Card Holder Sigr	nature:				-
Invoice #		(This is requ	uired in or	der to apply pa	ayment)

SEND COPY OF FRONT AND BACK OF CREDIT CARD ALONG WITH COPY OF PHOTO ID

 $Email\ completed\ form\ to: \underline{bhensley@housby.com}\ or\ \underline{nteaney@housby.com}$

4747 NE 14th Street | Des Moines, IA 50313 | www.housby.com | 515-266-2666



