



P.O. Box 52510
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Credit Card Authorization Effective November 1, 2018

_____, (“Customer”), whose customer number(s) is/are _____, hereby authorizes The Hilliard Companies, LLC and Hilliard Office Solutions, Ltd and its affiliates (“HOS”) to charge Customer’s credit card, designated below, with respect to amounts due and payable by Customer to HOS from time to time hereafter. This authorization is to remain in full force and effect until Customer provides written notification, via Certified Return Receipt with signature, to HOS terminating this authorization. Customers using a credit card will be charged a convenience fee of 3.5%. All such payments are further made subject to our Terms and Conditions of Sale located on our web site.

Credit Card Billing Information (Please Print)

Company Name: _____

Company Phone / Fax Numbers: (Ph) _____ (Fax) _____

Company E-Mail Address: _____

Billing Address (street or PO Box): _____

(city, state, and zip code): _____

Credit Card Number: _____

Name as it appears on Credit Card: _____

Expiration of Credit Card: _____ Security Digits on Card: _____

Signed: _____

Dated: _____

Printed Name: _____

Title: _____

Please email completed form to: hosar@hilliardos.com or mailed to: Hilliard Office Solutions, Attn: AR, PO Box 1149, EMORY, TX 79404