

# HEMCO™

Laboratory Planning Solutions

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## Credit Card Authorization Form

I, \_\_\_\_\_, hereby authorize HEMCO Corporation,  
to charge my credit card account in the amount not to exceed: \_\_\_\_\_

( ) VISA ( ) MasterCard ( ) American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ VID Code: \_\_\_\_\_

### Credit Card Billing Address:

Name: \_\_\_\_\_

Name as it appears on credit card and / or company name

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### Shipping to Address: (if different from bill to address)

Name: \_\_\_\_\_

Company and / or receiving person

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cardholder's Signature Date

As the credit card holder, I also authorize HEMCO Corporation. to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: \_\_\_\_ / \_\_\_\_ Initials Here: \_\_\_\_\_

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. HEMCO Corporation will keep all information entered on this form strictly confidential.

