

**Material Handling Products Corp.**  
6601 Joy Drive, East Syracuse, NY 13057 315-437-2891  
11 Opus Blvd - Suite A, Rotterdam, NY 12306 518-372-5631

**Authorization For Credit Card Payment**

MHP CUSTOMER ACCOUNT #: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

CUST. NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

STREET or PO BOX: \_\_\_\_\_ FAX#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(As it appears on the card's monthly statement)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY \_\_\_\_\_  
(As it appears on the card's monthly statement) (for tax purpose)

CARD TYPE: AMEX VISA MASTERCARD Pre Authorization CREDIT

CARD#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Use only last 4 numbers if faxing to customer)

EXP. DATE: \_\_\_\_ / \_\_\_\_ AUTH. CODE: \_\_\_\_\_

CARD HOLDERS NAME: \_\_\_\_\_  
(Name must be exactly as it appears on customer's card)

MHP INVOICE TO BE CHARGED AMOUNT \$\$

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

**CUSTOMER:**

This form, when completed and signed, authorizes MHP, Inc. to charge the credit card indicated above for the invoice(s) and amounts(s) as detailed above. I authorize payment of the above detailed invoice(s) amount(s) via charge to the above credit card account. I understand that the account information provided must be given exactly as it appears on the credit card itself and the card's monthly billing statements.

Please complete and sign this form and fax back to: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

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

Customers Name: \_\_\_\_\_  
(if different from card holder)

Does customer want receipt? : Faxed Mail Do Not Need Emailed to: \_\_\_\_\_

Fax number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*\*\*\*\*

*Office use only*

Authorization #: \_\_\_\_\_ Auth. Date: \_\_\_\_\_ Date Applied: \_\_\_\_\_