

Credit Card Authorization Form

I,	, hereby authorize
Hipp Marine Services, Inc. dba HippWr in the amount not to exceed:	rap Containment, to charge my credit card account
\$	
() VISA () MasterCard	
Credit Card Number:	
Expiration Date:/	VID Code:
Credit Card Billing Address:	
Street:	
City:	
Zip Code:	
Telephone: ()	
Shipping Address (If different from n	nailing address):
Street:	
City:	
Zip Code:	
Telephone: ()	
	ceipt of goods & services at the shipping address above.
	/ /
Cardholder's Signature	
	os us to protect you, our valued customers, from credit card information entered on this form strictly confidential
EMPLOYEE USE ONLY: COPY OF DRIVERS LICENSE AVS VERIFICATION (MUST SHOW YYY) SIGNATURES VERIFIED ANY QUESTIONS PLEASE CALL MERC	