



CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information		
NAME / COMPANY NAME:		
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex <input type="checkbox"/> Other, please specify:
Issuing Bank:		
Credit Card Number:		
Enter CVC (Security Code):		
Expiration Date:		
Billing Address:		
City:		
State:		
Zip Code:		
Country:		
Phone Number:		
Fax Number		
Please select one of the Following Payment Options:		
Once	Bill my credit card once for the following amount:	
	Please apply this payment to the following Insertion Order / Invoice #:	
Monthly	Bill my credit card once per month for the following amount:	

Applicant agrees that all information provided is accurate and complete.

Applicant also acknowledges that all orders may be immediately terminated at company's discretion if any charges are declined or chargebacks are claimed against any outstanding invoiced amount.

Disputes to amounts invoiced should immediately be reported to

Hampstead USA Marketing Research, Inc.

Any changes in the status of this card can also be reported to

Hampstead USA Marketing Research, Inc.

The undersigned is the duly authorized representative of _____.

Authorized Signature: _____

Date: / /