



CREDIT CARD AUTHORIZATION FORM

REMIT TO: 2070 N. WHITE AVENUE • LA VERNE, CA 91750
909-598-2706 • FAX: 909-598-1427

4645 COPPER SAGE ST • LAS VEGAS, NV 89115
702-639-0156 • FAX: 702-639-1843

Card Type: _____ Tax ID # _____

Credit Card Number: _____

Expiration Date: _____ 3 digit Validation #: _____

Name on Card: _____

COMPANY ASSOCIATED with CARD: _____

Billing Address Associated with Card _____

Phone: _____

I authorize Haaker Equipment Company / Total Clean to bill my credit card in the amount of

\$ _____

Description of charges: _____

Signature: _____

Date: _____