



CREDIT CARD AUTHORIZATION FORM

REMIT TO: 2070 N WHITE AVE, LA VERNE CA 91750

909-598-2706 • FAX: 909-598-1427

BILLING

Company
Name: _____

Phone: _____

Address: _____

SHIPPING

Company
Name: _____

Phone: _____

Address: _____

CARD INFORMATION

☐ DEBIT ☐ CREDIT

Card Type: _____

Card Number: _____

Expiration Date: _____

CSV Code: _____

I authorize Haaker Equipment to bill my card in the amount of \$ _____.

Description of charges: _____

Signature: _____ Date: _____

Printed Name: _____ Email: _____

Title: _____

****ALL CREDIT CARD CHARGES ARE SUBJECT TO A 3.75% PROCESSING FEE, DEBIT EXCLUDED****

