



Credit /Debit Card Authorization

Upon receipt of this credit card documentation and signature, all orders will be shipped via this method. Credit card charges are made at the time your order ships from the lab.

(Please use a **black ink** pen to complete.)

COMPANY INFORMATION (Please print clearly)

CARD BILLING INFORMATION (Please print clearly)

X _____	X _____
Company Name	Cardholder Name (As it appears on card)
X _____	X _____
Address (PO Box & Street Address)	Address (If same as Company – write 'SAME')
X _____	X _____
City State ZIP	City State ZIP
X _____	X _____
Phone	Phone

(circle one) **Debit** or **Credit Card**

(circle one) **VISA** or **Master Card** or **Discover** (Other Cards n/a)

Card Number: X _____ Security Code from Card X _____

Expiration Date: X ____ / ____
Month Year

Purchasing Agreement:

By submitting an order to Bullock Professional, I hereby authorize you to charge all orders to this card. I understand that charges will be incurred when the order ships.

Furthermore, I understand that if there is a dispute regarding the order or the credit card charge, I will notify BULLOCK PROFESSIONAL in writing and allow them to correct any question before deciding to protest a payment with the issuing credit card company. In the event that I dispute a charge and did not notify BULLOCK PROFESSIONAL in writing and allow them to discuss the question, I agree to pay the amount of the charge which was refused without exception.

If Bullock Professional attempts to charge the order and it is denied by the credit card company for any reason, I authorize you to automatically ship my orders via COD, Cash only until the card is reactivated as approved. (The shipper's COD handling fee is added.)

I authorize you to charge all of my orders to the above listed card per the terms as explained above.

X _____
Name (Please Print)

X _____
Authorized Signature

X ____ / ____ / ____
Mo / Day / Year