

HTI, Inc.  
3835 Attucks Dr  
Powell, OH 43065  
614-885-2997  
614-885-4337 fax  
Accounting Department

HTI CREDIT CARD AUTHORIZATION FORM

Credit Card Information:	MC or Visa	Invoice Information:		
Number:	_____	Customer #:	Invoice #:	Amount
Expiration Date (MM/YY):	_____	_____	_____	_____
CVV (3 digits from back of card):	_____	_____	_____	_____
Name on Card:	_____	_____	_____	_____
Billing Address:	_____	_____	_____	_____
Street	_____	_____	_____	_____
City	_____	_____	_____	_____
State	_____	_____	_____	_____
Zip code	_____	_____	_____	_____
Signature:	_____	_____	_____	_____
Date:	_____	_____	_____	_____
Send my receipt via:	_____	_____	_____	_____
fax:	_____	_____	_____	_____
email:	_____	_____	_____	_____
			Total:	_____