



WARRIOR HILL
Credit Card Authorization Form

COMPANY NAME: _____ DBA: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
(NO P.O. BOXES ARE ACCEPTABLE FOR A BUSINESS ADDRESS)

PHONE #: _____ FAX #: _____

I, _____ (Name of owner or officer), authorize WARRIOR HILL, to charge the following credit card(s) for the above company's current and future purchases. I absolutely and unconditionally guarantee payment for any purchases made with the credit card account number identified below, including cards.

_____/_____/_____
Signature of Owner/Officer Title Date

Print Name and Title _____

CREDIT CARD INFORMATION

CARDHOLDER'S FULL NAME: _____

CORPORATE NAME: (IF BUSINESS CARD) _____

CARDHOLDER'S BILLING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE NUMBER: _____

CREDIT CARD NUMBER: _____ EXP DATE: _____ CVV2: _____

TYPE OF CREDIT CARD: (CIRCLE ONE) DISCOVER VISA MASTERCARD AMEX

CARDHOLDER'S SIGNATURE: _____

SHIPPING ADDRESS

RECIPIENT'S NAME: _____

RECIPIENT'S ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ RECIPIENT'S PHONE #: _____

I authorize WARRIOR HILL, to ship the merchandise purchased with the above credit card account number to the above Credit Card Billing and Company Billing Address as well as any and all addresses inserted in this form under the heading "SHIPPING ADDRESS". And I am fully aware that my credit card is being charged for any such purchases. I will not hold WARRIOR HILL responsible in any way for shipping the merchandise to such addresses.

CARDHOLDER'S SIGNATURE: _____

PLEASE ATTACH A COPY OF A GOVERNMENT ISSUED ID ALONG WITH A COPY OF THE CREDIT CARD.
CONTINUE ON A SECOND PAGE IF THERE ARE MORE SHIPPING ADDRESSES.