

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CVV Code: _____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____ authorize HONEY OPTICS LLC to charge my credit card above in the event of an incident, according to the signed Demo Agreement. I understand that my information will be saved to file until I have returned the Demo products to HONEY OPTICS LLC.

Customer Signature

Date