



HLC Wholesales Inc. Customer Credit Card Charge Authorization Form

HLC Wholesales.inc
 Add: 25West 26th Street, New York NY 10010
 Tel:212-8892899;212-8892799
 E-Mail: sales@hlcwholesale.com
 Web:www.hlcwholesale.com

*** * * URGENT * * ***
BANK CREDIT REFERENCE

Please fill out this form so that we may submit to your bank for credit reference.

Company Name _____ Date _____

Company Address _____ From _____

Company Phone # _____ Fax # _____

Bank Name : _____ Bank Card No. _____

Expiration Date: _____ CVV Code: _____

Billing Address _____ Contact _____

Bank Phone # _____ Bank Fax # _____

As the credit card holder, I approve **HLC Wholesales Inc.** to charge my credit card for future purchases approved by me and delivery of goods to me:
 I, the undersigned, also hereby certify that the above information, given for credit purpose, is true and correct.

Print Signer Name **Authorized Signature** **Date**

FOR BANK USE ONLY:

Dear Bank Officer:

The above captioned company has listed your bank as a credit reference. Please help us make a fair decision by completing this form and returning it by fax at your earliest convenience. We appreciate your assistance in providing the following which will be held strictly confidential. Thank you! Credit department of HLC Wholesales Inc.. Fax: 347-7991000

Account Number: _____ Account Type: Checking / Saving / Other _____

Date Account Opened: _____

Current Balance: _____

Average Balance: _____

Non- Sufficient History: _____ How _____

Line of Credit: Yes No How much _____ Expiration Date: _____

Comments: _____

Prepared By: _____ Date: _____