



A. H O K E L T D.

I, _____ of _____, agree to allow
(Designer's Name) (Name of Company or Firm)

A. Hoke Ltd., Inc. to keep my/our credit card number on file. Payment for goods may be charged to the credit card listed below, only with verbal authorization from the following person(s) listed:

(Name/Title)

(Name/Title)

(Name/Title)

Type of Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ 3 or 4 Digit Security code on card _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____
(Exactly as it appears on card)

If there are any changes in persons authorized to use this card, it is my/our responsibility to notify A. Hoke Ltd., Inc.

Signature: _____

Date: _____