



CREDIT CARD / ACH AUTHORIZATION

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

authorize A. Hoke Ltd., Inc. to keep on file the following credit card or bank account information for payment of goods. I understand it is my responsibility to notify A. Hoke Ltd., Inc. of changes to information or payment preference. Authorization to charge or make changes may be given by the following person(s) listed:

_____(Name/Title) _____(Name/Title)

_____(Name/Title) _____(Name/Title)

BILLING INFORMATION

Billing Address: _____

Suite or Unit: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

PAYMENT INFORMATION (Check One)

☐ - CREDIT CARD (3% Processing Fee) ☐ - DEBIT CARD (NO Processing Fee)

Card Type: ☐ Mastercard | ☐ Visa | ☐ Discover | ☐ American Express

Name as appears on Credit/Debit Card: _____

Card Number #: _____

Exp. Date: _____ CVV: _____ Cardholder Zip Code: _____
(MM/YY) (3-4 Digits)

☐ - BANK (ACH)

Account Type: ☐ Checking | ☐ Savings Account Type: ☐ Business | ☐ Personal

First Name on Acct: _____ Last Name: _____

Bank Name: _____

Routing #: _____ Account #: _____
(9 Digits)

CUSTOMER SIGNATURE: _____ Date: _____

Printed First Name: _____ Last Name: _____