



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): _____			
Cardholder ZIP Code (from credit card billing address): _____			

*I authorize **Hearing Protection LLC DBA Griffin Armament** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.*

Auto Payment Authorization

- ☐ *I authorize Hearing Protection LLC DBA Griffin Armament to charge my credit card above for open invoices on the due date per the terms of my account. I understand that doing this will keep my account in good standing and avoid potential interest charges.*
- ☐ *Do not enroll me in automatic payments. I understand that invoices not paid within thirty (30) days of the invoice date will have one and a half percent (1.5%) per month finance charge assessed against the unpaid balance from the date of the invoice until the date of the payment per the terms of the Dealer Agreement sec 1.4.*

Customer Signature

Date