



CREDIT CARD PAYMENT AUTHORIZATION FORM

MH Optical
Pelican Optical
New Hampshire Optical

www.mhoptical.com

MH Optical Supplies • 128 Leuning St. • So. Hackensack, NJ 07606 • 800-445-3090 • customerservice@mhoptical.com
Pelican Optical • 6850 Whitfield Ind. Ave. • Sarasota, FL 34243 • 800-862-0966 • customerservice@pelicanoptical.com
New Hampshire Optical • 32 Library St. • Allenstown, NH 03275 • 800-852-3717 • customerservice@nhoptical.com

You authorize new/recurring charges to your credit card. You will be charged the amount that appears on your monthly statement which you will receive from us at least 10 days prior to the payment being extracted from your credit card. This charge will appear on your credit card statement. You agree that no prior-notification will be required for the payment being collected. An additional 2.5% convenience fee will be added.

PLEASE COMPLETE THE INFORMATION BELOW

I _____ authorize MH Optical to charge my credit card .

One-time Payment: _____ (Any additional one-time payments will need to be reauthorized by calling in to Accounts Receivable.)

Recurring Payment on the 15th of every month.

COMPANY INFORMATION

Account Number _____ Company Name _____

CREDIT CARD INFORMATION

Billing Address _____ Phone _____

City, State, Zip _____ Email _____

ACCOUNT TYPE	Visa	MasterCard	Amex	Discover
Name on Card As It Is Spelled	_____			
Credit Card Number	_____			
Experation Date	_____			
CVV (3 digit number on back of Visa/MC or 4 digit on front of Amex)	_____			

SIGNATURE _____ DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above-noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Please fax completed form to 201-457-0482 or email to accounting@mhoptical.com