



Holland Computers, Inc.
483 N. Abbe Road
Elyria, Ohio 44035
440-365-9906

Credit Card Authorization Form

(PLEASE PRINT OR TYPE)

FULL NAME: _____
 (AS IT APEARS ON CREDIT CARD)

PHONE #: () _____ - _____ WORK #: () _____ - _____

SHIPPING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

STATEMENT ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

CREDIT CARD #: _____ Type: Visa Mastercard Discover Amex

EXPIRATION DATE OF CARD: ____/____/____

Email Address: _____

BILLING INFORMATION:

BILLED ON INVOICE #: _____

YOUR CREDIT CARD WILL BE BILLED FOR A TOTAL OF \$ _____ (First Invoice) ON DATE: ____/____/____

AND \$ _____ ON THE _____ OF EACH: _____ (Re-ACCURING)

YOUR CREDIT CARD WILL BE USED
 TO PAY FUTURE INVOICE'S AND OR PAYMENT'S TOWARD YOUR ACCOUNT: _____ (SIGNATURE REQUIRED)

THE UNDERSIGNED, BEING THE OWNER (S) OF THE ABOVE CREDIT CARD, HEREBY AGREE (S) FOR VALUABLE CONSIDERATION TO UNCONDITIONALLY GUARANTY PAYMENT AND TO INDEMNIFY HOLLAND COMPUTERS, INC. FROM ANY AND ALL LOSSES. THE UNDERSIGNED AGREES TO WAIVE NOTICE OF DEFAULT AND THAT HOLLAND COMPUTERS, INC. MAY EXTEND THE TIME OF PAYMENT WITHOUT LIMITATION. THE UNDERSIGNED JOINTLY AND SEVERALLY AGREE (S) TO BE PERSONALLY LIABLE FOR THE OBLIGATIONS OF THE APPLICANT AND PERSONALLY LIABLE FOR ANY CHARGES PUT FORTH ON THE ABOVE CREDIT CARD FOR PRODUCTS SHIPPED TO THE ADDRESS ABOVE. THE UNDERSIGNED UNDERSTANDS ALL SALES ARE FINAL, UNLESS OTHERWISE DECIDED BY AN AUTHORIZED REPRESENTATIVE OF HOLLAND COMPUTERS, INC.

SIGNATURE: _____ DATE: _____