



## Credit Card Information and Authorization

For Security Purposes, Fax Completed Forms to:

Fax: (631) 962-0596  
Harold Levinson Associates Inc  
Attn: New Accounts  
21 Banfi Plaza  
Farmingdale, NY 11735

Date: \_\_\_\_\_ Customer Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

As the Credit Card Holder, I authorize Harold Levinson Associates to charge the credit card for any and all orders.  
I will contact Harold Levinson Associates in writing if use of this card is to be discontinued.

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Visa                      Mastercard                      American Express                      Discover

Last four digits of credit card number: (4 Digits Only)

***Detach and shred credit card number after information has been processed.***

.....  
Credit Card Number: (Full Credit Card Number)

Expiration Date: \_\_\_\_\_

CVV #: \_\_\_\_\_