

Credit Card Authorization FormCredit Card Type: MasterCard Visa AMEX

Amount : _____

Bidder Number: _____

Auction Name: Hinckley Medical & Dental Center

Auction Date: March 9, 2021

Name: _____
(As it appears on card)

Card Number: _____

Expiration Date: _____

CVV : _____
(Three/Four Digit Code)Billing Address: _____

By executing this form, I authorize Heath Industrial to charge my credit card for the amount listed above as payment toward my purchases at the Auction Sale listed above.

Signature: _____

Date: _____