Credit Card Application Fax: 410-819-6638

Name: _____ _____
First Last

Company: _____

_____
Street Address

_____
Street Address

_____
City State Zip

Phone #: _____ Fax #: _____

Credit Card Type: MasterCard, Visa or American Express (Please circle one)

Credit Card #: _____ Expiration Date: _____

Security Code: _____(This is the three digit code found on the back of the credit card on MasterCard and Visa. AMEX is a 4 digit code on the front of the card)

By signing this form you are authorizing H & M Bay, Inc. to charge your credit card or debit your account to prepay for freight charges.
In the event that your company files bankruptcy, you are obligated to place H&M Bay, Inc on the list of preferred payment by means of your Bank Institution.

_____ _____
Signature Date

(Please note, original signature required)