

**Lehigh Hanson**  
12667 Alcosta Blvd.  
San Ramon, CA 94583  
www.hanson.com

**Credit Card Authorization**

In order for Lehigh Hanson to charge and invoice(s) to your credit card, we need the following information to be completed by the cardholder:

Lehigh Hanson Account Name or Number \_\_\_\_\_

Name (exactly as it appears of card) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Day Time Phone Number \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card Type    Mastercard \_\_\_\_\_    VISA \_\_\_\_\_    AMEX \_\_\_\_\_

Expiration Date \_\_\_\_\_    Verification Number \_\_\_\_\_

Total Amount to be charged: \$ \_\_\_\_\_

Invoice # _____	Amount \$ _____
_____	_____
_____	_____
_____	_____

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

*By Signing this form, I authorize Lehigh Hanson to charge my credit card as indicated above.*

**This form must be completed and signed before we are able to process**

**Fax Completed Form to: (866) 596-4872 – ATTN: CREDIT**