



- Payment Authorization Form -

Customer: _____ Date: _____

Contact Person: _____ Phone: _____

Email: _____ Phone: _____

Invoice #: _____ Amount Due: _____

- Type of Payment (Check Box) -

Check (Prior Approval letter needed)
(High Voltage or GHF or Go Private Label)

Credit Card
(Proc. High Voltage, GHF, Go Private Label)

C.O.D. (add \$11.00 cod fee)
(Credit App needs to be completed)

VISA

MasterCard

American Express

Discover

Name on Card: _____

Credit Card Number: _____

Billing Address: _____ City: _____

State: _____ Billing Zip Code: _____ CCV Code: _____ Exp. Date ____ / ____

I authorize High Voltage, GHF, Go Private Label to charge my credit card for invoice # _____
in the amount of: \$ _____

Signature: _____ Date: _____

We request a copy of your Credit Card and State issued Identification Card or DL, please send back with this form.

HIGH VOLTAGE / GHF / GO PRIVATE LABEL
P.O. Box 35860 | Las Vegas, Nevada 89133
Off: 702.307.2777 | Fax: 702.307.2707 | Toll Free: 800.568.2595