

HERITAGE SPORTSWEAR, INC.

Customer Credit Card Information

P.O. Box 760 • Hebron, Ohio 43025 • Toll free 1-800-537-2222 • Fax 740-928-3223

CONFIDENTIAL INFORMATION

Customer # _____

CREDIT CARD ACCOUNT AUTHORIZATION

I/We authorize Heritage Sportswear Inc. to bill my/our

AMEX VISA MasterCard Discover Card

Account # _____ Expiration Date _____

3-Digit CID (Card Identification Data) Shown On The Back Of Your Card _____

Cardholder's name and address

Company name and address

Person(s) name _____ Company name _____

Street _____ Street _____

City, State, zip _____ City, State, zip _____

Telephone no. _____ Telephone no. _____

Customer(s) name, authorized signature, date _____ Name, authorized signature, date _____
The above listed addresses must be acceptable ship-to addresses ONLY

Issuing bank _____ Phone no. of supplying bank _____

STATEMENT OF AUTHORIZATION

The purpose of this statement is to authorize HERITAGE SPORTSWEAR INC. (also stated as "the merchant") to process credit card transactions from the above stated applicant. These transactions will be processed via phone orders or in person at merchants location of business operation.

I/We have enclosed a photo copy of the above stated credit card (front and back) for proper verification of these transactions. I/We will update the merchant upon the expiration date and/or other necessary information as the credit card stated above is renewed.

By signing this document I/We am/are accepting responsibility for these transactions to ensure full and proper payment to the merchant. I understand that I am authorizing the merchant to charge my card on all unpaid balances on my account, delinquent or otherwise stated.

NAME

AUTHORIZED SIGNATURE

DATE