

**THE HF GROUP
Credit Card Charges
Information Needed to Process Payment**

Name: _____

Address: _____

Telephone Number: _____

Charge Card: **Visa** **Master Chg.**

Credit Card Number:

Expiration Date:

Amount:

THE HF GROUP 8844 Mayfield Rd. Chesterland OH 44026

Phone:1-888-485-5415 Fax 1-440-729-9415