



**HEARING**  
PROTECTION SPECIALISTS  
A Division of Logistical Security Consulting, LLC

## One Time Credit Card Payment Authorization/Order Form

Sign and complete this form to authorize Logistical Security Consulting, LLC dba Hearing Protection Specialists to make a one-time debit to your credit card or choose to pay via PayPal

Please complete the information below

| ITEM NAME                      | MODEL # | DESCRIPTION/COLOR/SIZE | QUANTITY | COST Per | TOTAL COST |
|--------------------------------|---------|------------------------|----------|----------|------------|
|                                |         |                        |          | \$       | \$         |
|                                |         |                        |          | \$       | \$         |
|                                |         |                        |          | \$       | \$         |
|                                |         |                        |          | \$       | \$         |
|                                |         |                        |          | \$       | \$         |
|                                |         |                        |          | \$       | \$         |
|                                |         |                        |          | \$       | \$         |
| <b>Shipping &amp; Handling</b> |         |                        |          |          | \$         |

Sub-Total: \$ \_\_\_\_\_ State Sales Tax ( \_\_\_\_%): \$ \_\_\_\_\_ Grand Total: \$ \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Check One:  Credit Card (complete below)  PayPal (invoice will be emailed to you)

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

- I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.
- Shipping Policy:** All orders will ship within 3-5 business days from the date of payment. All packages will be sent via USPS. When shipping overseas, customs can delay packages by up to 6 weeks. This doesn't happen often, but it can happen. Restricted/Aerosol products may require a copy of photo ID/permit before completion of a sale/shipping and may be required to ship via "ground". All orders are sent via standard mail, unless noted otherwise. Notify the seller prior to making the purchase, if priority or first class mail is preferred.
- Refunds and Exchanges:** Logistical Security Consulting, LLC dba Hearing Protection Specialist does not accept returns unless the item falls under a specific warranty. Custom Hearing Protection is not refundable.
- Stock:** We recommend that you verify that the item(s) you wish to purchase are in stock and available. Should the item(s) not be available, you will not be charged until they become available. We will make best efforts to contact you in regards to an item being backordered and expected delivery.

PLEASE SCAN THE COMPLETED FORM TO THE BELOW EMAIL ADDRESS  
[Plugs@GetEARs.com](mailto:Plugs@GetEARs.com) – (888) 564-4732

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