Credit Card Authorization Form

PLEASE DOWNLOAD AND COMPLETE THIS AUTHORIZATION
All information will remain confidential.

Cardholder Name:

Name on Request:
(if different from credit card holder)

Billing Address:

City: State: Zip Code:

Phone Number: Email:

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number:

Expiration Date: (MM/YY)

Card Identification Number (3 digits on back of Visa/MC/Discover, 4 digits on front of AMEX):

Amount to Charge (USD):

Fee:	$
Service Fee:	$
Total:	$

I authorize LAPELS to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder: Print Name and Date below

Electronic signature: Date:
(type your name)

Once signed, click the Submit button below to email to LAPELS staff, or return by mail with the completed application to the following address:

LAPELS
ATTN: ROSTER REQUESTS
8550 UNITED PLAZA BOULEVARD
SUITE 903
BATON ROUGE, LA 70809

Submit