



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US
All information will remain confidential.

Cardholder Name: _____

Name on Application: _____
(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: _____

Card Identification Number (last 3 digits on the back of the credit card): _____

Amount to Charge (USD): \$ _____

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, Sign and Date below

Signature: _____

Print Name: _____

Date: _____

Once signed, return the completed form to:

LAPELS
9643 BROOKLINE AVENUE, SUITE 121
BATON ROUGE, LA 70809

| |
|---------------------------|
| OFFICE USE ONLY |
| Application Type _____ |
| Confirmation Number _____ |