

# 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 \_\_\_\_\_