

Credit Card Authorization Form

Please Email Completed Form to [accounting@theleaderschoice.com](mailto:accounting@theleaderschoice.com)

*For office use only:*

- |   |                        |
|---|------------------------|
| <input type="checkbox"/> Monthly Billing          | Customer Name: _____   |
| <input type="checkbox"/> One Time Billing         | Customer Number: _____ |
| <input type="checkbox"/> Keep on File             |                        |
| <input type="checkbox"/> Only When Customer Calls |                        |

*To be Completed by Customer:*

Type of Card: American Express \_\_\_\_\_ / Visa \_\_\_\_\_ / MasterCard \_\_\_\_\_ / Discover \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code on Back: \_\_\_\_\_

Invoices to be Charged: \_\_\_\_\_

Total Amount to be Charged: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Special Instructions:

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