

Credit Card Authorization Form

Please Email Completed Form to 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:
