



CREDIT CARD AUTHORIZATION

PLEASE DO NOT E-MAIL COMPLETED AUTHORIZATION FORM

I, _____ hereby authorize L+L Companies to charge my credit card
in the amount of \$ _____ for Job/Invoice #: _____ or Estimate #: _____

Company Name: _____

- Credit Card info to be: Kept on file for future charges without further authorization.
 Kept on file for future charges - Authorize each time.
 For one-time-use only. This card will be used to pay all charges to this job only.

CREDIT CARD INFORMATION (All the fields below are **REQUIRED**)

Credit Card Type: Visa Mastercard American Express

Credit Card Number: _____ Expiration Date: _____

Name as Appears on Card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

Card Holder Signature: _____ Date: _____

Name of L+L Companies Sales Rep: _____

Thank you for taking the time to complete this authorization form. The information on this form will be used to protect you from credit card fraud and will be kept strictly confidential.

Please fax completed document to our SECURED FAX: (760) 804-9857