

CREDIT CARD AUTHORIZATION FORM

All credit card charges are subject to a 3% convenience fee

Date: _____

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Company Name: _____

LJS Order Number: _____

Charge Amount: \$ _____

Credit Card Number: _____

Expiration Date: _____ CVC Code: _____

Name As It Appears On Card: _____

Credit Card Billing Address: _____

Telephone: _____

Email: _____

Authorized Signature:

I authorize payment on the credit card above and I acknowledge that I will be paying an additional 3% convenience fee.