



**Corporate Address:**  
4 Neshaminy Interplex Drive  
Trevose, PA 19053  
**Telephone:**  
267-982-2661  
LSL247.com

## CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. Please note there is a **3% percent processing fee** that will be applied to your order.

Please send this file to [Accounting@lsl247.com](mailto:Accounting@lsl247.com). Be sure to save this file for your records.

CREDIT CARD INFORMATION				
<b>Card Type:</b>	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
<b>Cardholder Name (as shown on card):</b> _____				
<b>Card Number:</b> _____				
<b>SEC Code:</b> _____				
<b>Expiration Date (mm/yy):</b> _____				
<b>Business Address:</b>				
<b>Cardholder ZIP Code (from credit card billing address):</b> _____				

I, \_\_\_\_\_, authorize **LSL247** to charge my credit card above for agreed upon purchases including freight. I understand that my information will be saved to file for future transactions on my account.

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

\_\_\_\_\_  
Date