



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 **ORDERS@lsl247.com**. Be sure to save this file for your records.

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

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