



# Credit Card Authorization Form

PLEASE DOWNLOAD AND COMPLETE THIS AUTHORIZATION FORM

All information will remain confidential.

Cardholder Name:

Name on Account:

*(if different from credit card holder)*

Case Number:

Billing Address:

City:

State:

Zip Code:

Phone Number:

Email:

Credit Card Type:

Visa

MasterCard

Discover

American Express

Credit Card Number:

Expiration Date:

Card Identification Number (3 digits on back of Visa/MC/Discover, 4 digits on front of AMEX):

Amount to Charge (USD):

Fee: \$

Service Fee: \$

Total: \$

**I authorize LAPELS to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.**

**Cardholder:** Print Name and Date below

Electronic signature:

*(type your name)*

Date:

Once signed, click the Submit button below to email to LAPELS Enforcement staff, or return by mail with any requested documentation to the following address:

**LAPELS**

**ATTN: ENFORCEMENT**

**9643 BROOKLINE AVENUE, SUITE 121**

**BATON ROUGE, LA 70809**