



Credit Card Authorization Form

PLEASE DOWNLOAD AND COMPLETE THIS AUTHORIZATION
All information will remain confidential.

Cardholder Name:

Name on Request:

(if different from credit card holder)

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 staff, or return by mail with the completed application to the following address:

**LAPELS
ATTN: ROSTER REQUESTS
9643 BROOKLINE AVENUE, SUITE 121
BATON ROUGE, LA 70809**