CREDIT CARD CHARGE AUTHORIZATION FORM

For your protection, incomplete Payment Authorization Forms will not be processed. All information will be verified before charges are made to your credit card. All sales are final and by completing this form you agree to the terms thereof.

1. Select a Payment Option

Monthly Auto-Debit: I hereby authorize Lance Randall, Inc. to charge the below-listed credit card each month for services rendered on our behalf.

Payment of Past Due Accounts: This option is only available to accounts that have

been approved for Net/15 Invoicing. I hereby authorize Lance Randall, Inc. to charge the

below-listed credit card in the event that my account becomes thirty (30) days or more past due.

I hereby authorize Lance Randall, Inc. to make a onetime Single-Payment Charge to the below listed credit card. Select this option for a one-time payment of current or past-due invoices. for a total Amount of: $

2. Provide Your Credit Card Information

Credit Card #: Expiration Date: /

Name on Card: CVV Code:

3. Supply Us With Complete Cardholder Billing Address Information

Billing Address: City: State: Zip:

Phone: Fax: E-mail:

Signature:

4. Fax Completed Payment Authorization Form to 954-963-5186 or E-Mail to [Status@LRI.US](mailto:Status@LRI.US)