

# PADONA / LTC

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## CREDIT CARD AUTHORIZATION FORM

Please complete the following Credit Card Authorization in order to allow us to process your payment.

I authorize PADONA/LTC to bill my valid credit card immediately for the item noted below.

Payment Information:

Name as it appears on credit card: \_\_\_\_\_

Type of credit card:    AMEX    Discover    MasterCard    VISA

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_      Security Code: \_\_\_\_\_

Amount to be charged to card: \_\_\_\_\_

For: \_\_\_\_\_

E-mail address where receipt will be sent: \_\_\_\_\_

Name: \_\_\_\_\_      Date: \_\_\_\_\_

(Print)

Signature: \_\_\_\_\_

(Your credit card information will be used only as necessary to process payment and will not be shared with any other party except as may be required by law.)

Your form may be e-mailed to [padonaadm@aol.com](mailto:padonaadm@aol.com) or faxed to 856-780-5149.