

# 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.)

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