

# Credit Card Authorization Form

Date \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

**To make payment by credit card, please complete the following information and fax this form to LimeVizio Office at (818) 988-5043.**

CARD# \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CREDIT CARD TYPE: AMEX \_\_\_\_\_ MASTERCARD \_\_\_\_\_

VISA \_\_\_\_\_ DISCOVER \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

(PLEASE PRINT)

I AGREE NOT TO CONTEST THIS CHARGE UPON APPROVAL OF MY CREDIT

SIGNATURE \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
(TO BE CHARGED)

ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

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Transaction Processed by: \_\_\_\_\_ Date: \_\_\_\_\_