



NOEL LESLEY

CREDIT CARD AUTHORIZATION FORM

*All credit/debit card payments will be charged a 3% processing fee.

Credit Card Type: VISA ____ | MASTERCARD ____ | DISCOVER ____ | AMEX ____

Account Type: Personal ____ | Business ____

CREDIT CARD INFORMATION

Account Number _____ Exp. Date _____ CVV# _____

Card Billing Address (Exactly as it appears on statement.)

City _____ State _____ Zip Code _____

Account Phone _____ Fax _____

Email _____

Cardholder Name (Exactly as it appears on card) _____

AUTHORIZED USER OF CREDIT CARD INFORMATION

Name _____

Company _____

Date of Event _____

Telephone Number _____

Email address _____

Type of charges _____

Amount authorized _____

Date of charges _____

AUTHORIZATION OF CARD USE

Signature _____ Date _____