



17170 Futch Way • Westfield IN 46074 • david@laskerconsulting.com

Credit Card Authorization Agreement – Fax to (702) 441-0834

Name:

Company:

Phone: _____ **Fax:** _____

Billing Address:

City: _____ **State:** _____ **Zip:** _____

Email:

Name on Card:

Card Type (circle): MasterCard Visa AmEx Discover **Exp. Month:** _____ **Exp Year:** _____

Credit Card #:

Charge Amount:

CVV Code (send separately if desired for security):

AUTHORIZATION

I certify I am the legal credit card holder on this account, and authorized to execute this Agreement. I authorize David Lasker and Lasker Enterprises, Inc. to charge the above credit card for the amount listed.

PRINTED NAME:

APPROVAL SIGNATURE:

DATE:
