



Credit Card Authorization Agreement

Name of Business/Individual: _____

Credit Card Type: VISA ☐ MASTER CARD ☐ AMEX ☐ DISCOVER ☐

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I authorize Lane Accounting Solutions to charge my card the amount invoiced.

Cardholder Signature: _____ Date: _____

Name on Credit Card: _____