

Credit Card Authorization

Company Name: _____

Contact phone number: _____

Please mark the type of card you authorize for this transaction: VISA MC AmEx

Credit card number: _____

Credit Card Expiration Date & Security Code _____

Credit Card Statement Address
(Must match the address at which you receive your credit card statement): _____

Phone number of credit card holder: _____

Please charge this credit card for \$ _____ **for today's purchase request.**

I authorize this information to be kept on file for future use: Yes No

I authorize Lien Research Corp. to charge my Credit Card for purchases of their services, and to verify the billing address of my Credit Card with the issuing bank. All information given above is complete and accurate. I am the person stated, and am legally authorized to use credit card.

Signature of Cardholder: _____

Printed name of cardholder: _____

Date of signature: _____

Name of LRC employee receiving this info & date: _____