



LDA PRO

Credit Card Authorization Form

Name On Credit Card _____

Credit Card Type: VISA [] MASTERCARD [] AMEX [] DISCOVER []

CREDIT CARD INFORMATION

Account Number _____

Expiration Date _____

CVC Code _____

Billing Zip Code _____

Phone: _____

Email: _____

AUTHORIZATION OF CARD USE

Signature _____

Date _____

I hereby authorize LDA to charge my card in the amount of:

\$ _____