



14920 Broschart Road
Rockville, MD 20850-3349 USA
Phone No. 1-800-804-3586 – LADS Group
Fax No. 301-610-2587 – LADS Group

CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Phone No: _____ Fax No: _____ Email: _____

Name as it appears on card: _____
(Please Print)

Address: _____

Cardholder's Signature: _____ Date: _____

Authorize User: _____
(Print Name)

Credit Card No:

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CID No.

--	--	--

(Three digit No. on located on the back of card)

Type of Card  or 
(Please circle)

Exp. Date (MM/YY): _____

Amount: _____

Daily Limit: _____
(If applicable)

Unique reference: _____
(If applicable)

This information is required in order to process your order. Please complete all areas of this. The authorized cardholder must sign the form. This is only a method of payment for your convenience; a valid purchase order must accompany your submission.