

PADONA / LTC

CREDIT CARD AUTHORIZATION FORM

Please complete the following Credit Card Authorization in order to allow us to process your payment.

I authorize PADONA/LTC to bill my valid credit card immediately for the item noted below.

Payment Information:

Name as it appears on credit card: _____

Type of credit card: AMEX Discover MasterCard VISA

Card Number: _____

Expiration Date: _____ Security Code: _____

Amount to be charged to card: _____

For: _____

E-mail address where receipt will be sent: _____

Name: _____ Date: _____

(Print)

Signature: _____

(Your credit card information will be used only as necessary to process payment and will not be shared with any other party except as may be required by law.)

Your form may be e-mailed to cjones@padona.com or faxed to 856-780-5149.