

4368 Bandini Blvd. Vernon, CA 90058 Ph: 323-262-9111 Fax: 323-446-7056

www.lalifts.com

## **Credit Card Authorization Form**

Name of Credit Card Holder:	
Company Name:(If company account)	
Phone Number:	
Fax Number:	
Invoice(s) Number (s) #	
BY THIS MEMO, WE AUTHORIZE LA LIFT SERVICES TO BE PAID FOR THE TRANSACTION ABOVE IN BY USING THE CREDIT CARD LISTED BELOW.	THE AMOUNT OF
(This authorization is valid writing.)	
Credit Card Information Credit Card Type: Master Card Visa	
(last 3-digits on back of credit card)	
Card Number:	
Expiration Date:         ZIP:	
Name (print):	
Signature:	
Date:	

Please sign and fax from back to (323) 446-7056