CREDIT CARD AUTHORIZATION FORM

NLA Client ID_____

Please Fax Back to our Secure Fax (925) 401-9551

Any Question Please Call (877) 670-8822

Credit Card Information

☐ Visa ☐ MasterCard

*We accept American Express and Discovery via Pay-Pal (5% processing fee). For more information call Accounting at (925) 395-2124.

Cardholder Name: _____

Credit Card Number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Amount: $ _____

Expiration Date: ___/___/_____

Billing Address: (Address where monthly credit card statements are received)

_____
Address

_____ _____ _____
City State Zip Code

Phone Number: (Associated with credit card) (____) _____
Phone

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card, for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.

Signature:_____ Date: _____

Printed Name: _____

Please Imprint Card (Place your card under the paper and using a pencil shade in the area to imprint)

If you would like this card kept on file for future purchases initial here _____