



Credit Card Payment Authorization

LP Customer Number _____

Name embossed on your credit card/cardholder _____

Street Address (Per your credit card statement) _____

Suite/Unit Number _____

City _____

State _____

Zip Code _____

Payment Method

VISA

MASTER CARD

AMERICAN EXPRESS

Visa Code No. _____ Master Card Code No. _____ Amex Code No. _____

For your Visa and Master Card, the number is located on the back of your card above the signature box. Please provide us with the last three numbers. For American Express, the number is located on the front of the card above and to the right of the embossed credit card number. Please provide us with the four-digit number.

_____ Credit Card Number

_____ Expiration Date

\$ _____ Payment Amount

_____ Date of Payment

_____ Signature of Cardholder

_____ Please print Name

_____ Phone Number

In order for us to process your request, please fill out this authorization form and fax it to our credit department at (847)622-0073. If you should have any questions or need assistance, please call us at (800)382-7620 or locally at (847)608-1343.

Credit Card Receipt Required:

Yes

No