

Credit Card Payment Authorization

LP Customer Number				
Name embossed on yo	our credit card/ca	rdholder		
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		ard Code No A	Amex Code No	
box. Please provide us	s with the last thre ove and to the rig	nber is located on the back of yee numbers. For American Exight of the embossed credit card	press, the number is located on	
Credit Card Number			Expiration Date	
\$	mount		ate of Payment	
Payment Amount		Ъ.	Date of Payment	
Signature of Cardholder		PI	Please print Name	
Phone Nur	mber	-		

In order for us to process your request, please fill out this authorization form and fax it to our credit department at (847)520-0073. If you should have any questions or need assistance, please call us at

No

Yes

(800)383-7935 or locally at (847)808-1343.

Credit Card Receipt Required: