

## Credit Card Authorization Form (P00259)

Date:

Order number:

This form authorizes Lenard Healthcare to charge the credit card as per the following information:

Cardholder' name: \_\_\_\_\_

Billing address: \_\_\_\_\_

Credit Card type:                    VISA                    MASTERCARD

Credit Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_ MM \_\_\_\_\_ YYYY

3 DIGIT CSC: \_\_\_\_\_