



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN
ALL INFORMATION WILL REMAIN CONFIDENTIAL.

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ Amex

Credit Card No.: _____

Expiration Date: _____

Card Verification: _____ (CVC #, Last 3 digits located on the back of the credit card)

Amount to charge: \$ _____ (USD)

Card on File: _____ Print **"YES"** to authorize future use of the card for your purchases.
Print **"NO"** to decline.

I authorize LIBULBS to charge the above amount using the credit card information provided herein. I agree to pay for this purchase(s) in accordance with the issuing bank cardholder agreement.

Cardholder - Please sign and date.

Signature: _____

Date: _____

Print Name: _____

NOTE: Please send the completed form and a copy of a government-issued ID belonging to the above cardholder via email at acct@libulbs.com. Please contact us if you have any questions regarding your purchase(s).