NEED-A-LEAD

CREDIT CARD AUTHORIZATION FORM

I _____, am an authorized cardholder and I am authorizing the below credit card to be used for billing purposes by Need-A-Lead.

Agent First Name: _____ Last Name: _____

Company Name:_____

Cardholder First Name: _____ Last Name: _____

Billing Address: _____

_____

City: _____ State: _____ Zip: _____

Credit Card Information

Card Type: ☐ VISA ☐ MasterCard ☐ DISCOVER

Card # ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ Expiration Date: ☐☐ / ☐☐

Security Code: ☐☐☐

Card Type: ☐ AMERICAN EXPRESS

Card #: ☐☐☐☐ – ☐☐☐☐☐☐ – ☐☐☐☐☐ Expiration Date: ☐☐ / ☐☐

Security Code: ☐☐☐☐

☐ Keep my credit card on file for future orders. _____ Initials

By initialing the below statement you understand the terms and conditions of our service.

_____ Initials We do not guarantee lead returns. A lead is an opportunity to sell your product and is not a guaranteed sale. Once an order has been mailed we will not refund any money.

☐ By checking this box and typing my name below, I am electronically signing this Credit Card Authorization form. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Signature: _____ **Date:** _____

Save Form

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