



Credit Card Payment Authorization Form

Sign and complete this form to authorize 3L USA LLC dba 3L to make charges to the indicated card below.

By signing this form, you give us permission to charge your account indicated on or after the indicated date. This gives permission to debit your credit card for goods or services provided.

I _____ authorize 3L USA to charge my credit card account indicated below for invoices effective. Cardholder acknowledges receipt of goods or services and agrees to payment. By signing, you represent that adequate funds are available to cover the amount. 3L USA will charge a convenience fee: American Express-3%, all other credit cards-2%.

Please Complete

Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Credit Card Number	_____			
Expiration Date / CVV	____ 20____	CVV _____		
	MM	YY	Last 3 or 4 digits	

Billing Information

Cardholder Name _____

Cardholder Signature / Date _____

Address/City/State/Zip _____

