

Credit Card Authorization Form

All information will remain confidential.

Date: _____

Cardholder Name (as shown on the card): _____

Billing Address: _____

City, State & Zip: _____

Credit Card Information	
Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other: _____
Card Number:	_____
Expiration Date:	_____ Security Code/CVC2/CVV2: _____

Amount to Charge: \$ _____

Authorization

I authorize _____ to charge my credit card provided herein for agreed amount listed above. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

- I understand that my information will be saved to file for future transactions on my account.
- I want my information to be destroyed after the permit is processed.

Return Policy

- You have 30 calendar days to return an item from the date you received it.
- To be eligible for a return, your item must be in the same condition that you received it.
- Your item must be in the original packaging.



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Signature