



CREDIT CARD AUTHORIZATION FORM

CLIENT INFORMATION

CUSTOMER NAME _____

ADDRESS _____

EMAIL FOR INVOICE _____

PHONE # _____

CREDIT CARD INFORMATION

NAME AS IT APPEARS ON THE CARD _____

CARD TYPE VISA MASTERCARD AMEX DISCOVER OTHER (_____)

CARD NUMBER _____

AUTHORIZATION CODE _____ EXPIRATION DATE _____

BILLING ADDRESS _____

CREDIT CARD CHARGES

INVOICE/SAGE #	AMOUNT
_____	_____ (required)
_____	_____
_____	_____
_____	_____

TOTAL CHARGE \$ _____ (required)

SIGNATURE _____ DATE _____

Please email the form to judy@lombardodrilling.com or lisa@lombardodrilling.com