



## Authorization for Credit Card Use

PRINT AND COMPLETE THIS FOR AUTHORIZATION AND RETURN

All information will remain confidential

\*Required Information

Order Number\*: \_\_\_\_\_ Customer PO#\* \_\_\_\_\_

Name on Card\* \_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type\* \_\_\_\_\_  
\_\_\_ Visa \_\_\_ MC \_\_\_ Discover \_\_\_ AMEX

Credit Card Number\* \_\_\_\_\_

Expiration Date:\* \_\_\_\_\_

CVV\* \_\_\_\_\_ (3 or 4 digit code)

Amount to Charge\* \$ \_\_\_\_\_ (USD)

I authorize Landes, Inc. to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder-Please Sign and Date

Signature (TypeOK) \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**PLEASE COMPLETE THE ABOVE AND FAX TO 713-665-6392 OR EMAIL TO [ACCOUNTING@LANDESUSA.COM](mailto:ACCOUNTING@LANDESUSA.COM). ATTENTION: GABY GARCIA, ACCOUNT MANAGER, PHONE: 713-665-0843**