

CREDIT CARD AUTHORIZATION FORM

We need to obtain your authorization.
You can complete and fax the form below back to us.

Instructions:

1. Complete the form by filling all billing information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Fax this form back to our secure fax machine at (817) 606-3333 or email to ar@lantanacom.com to complete your current and future orders.

I, _____ hereby authorize Lantana Communications Corp to charge my credit card account for services rendered; and Lantana Communications Corp agrees to provide a copy of all charges.

Lantana Communications Corp also agrees that charges will only be processed after e-mail or fax confirmation is received from said client/authorized representative.

Type of Credit Card: VISA _____ MasterCard _____ AMEX _____

Business Name: _____

Name as it appears on the card: _____

Credit Card Number: _____

Expiration Date: _____ CVC Code: _____

(last three digits of the number on the back of the card for MC or VISA or four numbers underneath the credit card number on AMEX)

Credit Card Billing Address

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Please list any and all authorized representatives that will email and/or fax confirmations (Please Print).

Cardholder's Signature: _____ Date: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept secure and strictly confidential by Lantana Communications Corp.

Complete and fax all documents required to: (817) 606-3333.
Thank you for your business!