

# LOURENCOCONSULTANTS

5171 MacArthur Boulevard, NW  
Washington, DC 20016  
(202) 966-0042  
(202) 966-1534 Fax

<b>FAXED TO</b>	<b>DATE</b>
<b>Organization</b>	<b>FAX No.</b>

## CREDIT CARD CHARGE AUTHORIZATION FORM

(Complete all information and fax to LCI @ 202-966-1534)

Project Address:	Date of services by LCI:	Customer Order # / P.O. #:
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Name as it appears on Credit Card:	Card Statement Billing Address:
Company Name as it appears on Credit Card:	Street
	City State Zip code
Credit Card (Check One): <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express	

Credit Card Number	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Expiration Date (MM/YY)	<input type="text"/>	/	<input type="text"/>
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CV Number (3 last digits on back of Visa/MC)	<input type="text"/>
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Authorized charge amount: \$ _____
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**I hereby authorize Lourenco Consultants, Inc. to charge the above listed credit card for the amount shown, for services rendered by Lourenco Consultants, Inc. I further declare that I am an authorized user of that credit card.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Send receipt of this transaction by method selected below:</b> (Check one box and fill in contact information)	
<input type="checkbox"/> BY FAX	<input type="checkbox"/> BY MAIL
Attention to:	Mailing Address:
Company:	Street
FAX Number:	City State ZIP