

# LOCAL LEADS LLC

## Credit Card Billing Authorization Form

*Visa / Master Card / American Express / Discover*

Credit Card Information:	
<b>Company Name:</b>	
<b>Name on Card:</b>	
<b>Credit Card Type:</b>	
<b>Credit Card Number:</b>	
<b>Expiration Date:</b>	
<b>CVC/CVV Number *</b>	

\*Visa/MasterCard/Discover – three (3) digit number located on the back of your card on or above your signature line.

\*American Express – four (4) digit number located on the front of your card above the end of your card number.

Billing Information:	
<b>Billing Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip:</b>	
<b>Phone Number:</b>	

Please email this form to [authorize@LocalLeadsLLC.com](mailto:authorize@LocalLeadsLLC.com) or fax to 815-550-9932.

Applicant understand that signature on this form will serve as my authorization on the credit charge slip and as a signature on file for all authorized charges and outstanding balances now and in the future. Disputes to invoices and changes in card status should immediately be reported to [billing@localleadsllc.com](mailto:billing@localleadsllc.com).

**Applicant agrees that all information provided is accurate and complete and the undersigned is a duly authorized representative of the credit card above.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_