



I AUTHORIZE LAMAR LED TO CHARGE MY CREDIT CARD FOR THE FOLLOWING CHARGE/S FOR PURCHASES MADE BY FAX/PHONE ORDER.

_____ MASTERCARD _____ VISA _____ DISCOVER

CARD#: _____ EXP DATE: _____

X _____
Signature

Amount (If Applicable)

Card Holder Name (please print)

Attention Card Holder:
Please fill out this form completely
Card holder's Name, Address and
Phone Number must be included.

Street

City / State

Zip

()

Phone

LAMAR LED Use Only

Order#: C
Sales

Account#: _____
Sales

Today's Date: _____

Cleared: _____