

Credit Card Authorization Form

Card Type (Circle One):	AMEX    VISA    MasterCard    Discover
Card Number:	
Expiration Date:	
CVV Code:	
Cardholder Name:	
Company Name on card:	
Billing Address:	
City, State, ZIP:	
Cardholder phone #:	
Name on TLC order or Contract #:	
TLC Salesperson's Name:	

I HEREBY AUTHORIZE TLC RENTS TO CHARGE MY CREDIT CARD IN FULL INCLUDING PAYMENT FOR ANY INCIDENTALS AND/OR REPLACEMENT COSTS (IF APPLICABLE) FOR ANY ORDER PLACED BY ME OR ON MY BEHALF.

X \_\_\_\_\_  
Cardholder's Signature

X \_\_\_\_\_  
Printed Name

**Please fax this form to 404-874-3157**