



**Luscan Group**  
*Your Leading Source of Promotional Items!*

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## CREDIT CARD PAYMENT AUTHORIZATION

Quote/Order/Invoice #: \_\_\_\_\_

Dollar Amount: \_\_\_\_\_

Credit Card:     VISA             MASTERCARD

Name of the Company: \_\_\_\_\_

Card Holder's Full Name (PLEASE PRINT): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_            CVV2: \_\_\_\_\_

Please keep my Credit Card in File for future orders

By signing this document I hereby authorize Luscan Group to charge my Credit Card for all the costs of the above order including product over runs or any additions related to the order. In case of a product under run you will automatically be credited with the difference. I am accepting responsibility for the transaction to ensure full payment to the Merchant.

Signature of the Credit Card Holder: \_\_\_\_\_

Today's Date: \_\_\_\_\_