

Credit Card Debit Authorization Form

Print Name Below of Cardholder: As it appears on the face of the credit card

Current Billing Address for this Credit Ca		For LEC Office Use Only Customer ID# from Invoice 1*	
		(Invoices listed below include a Bill Code 107 Convenience	
PLEASE PRINT	CREDIT CAP	RD NUMBER LEGIBLY	
EXPIRATION DATE	This transaction	on cannot be processed <u>without CID Number</u>	
CID NUMBER	and is three-digits. On	ards Number appears on back of card in signature section American Express it is a four-digit number appearing on e embossed card number.	
	Invoice Numbers and Amount being paid		
	to debit my Credit Caer(s) indicated above.	\$\$ \$\$ rd described herein for services provided in I personally accept full responsibility and	
Signature:		Date:	
Send completed form to: Coppersmith Inc. 2580 S 156 th St Bldg A201 Seattle WA 98158 Phone: 206-242-6181 ext 112 Fax: 206-242-0089	wh in pro	ease provide a telephone number here you can be reached immediately the event there is a problem occessing this transaction. Thank you	
—		Form Updated as of January 18, 2011 All previous editions are obsolete	