



CREDIT CARD AUTHORIZATION RELEASE FORM

INSTRUCTIONS

Please FAX this form to 888-587-5379 or EMAIL to info@llctlc.com.

First Name: _____

Last Name: _____

Company Name: _____

Billing Address: _____

Billing City: _____ Billing State: _____ Billing Zip Code: _____

Email Address: _____ Phone Number: _____

Credit Card Number (AMEX,VISA, MASTERCARD)

Exp Date: _____ CVS: _____

Authorization:

I authorize Deer Creek Corporate Services, Inc / LLCTLC to charge my credit card for services rendered.

I understand charges will be made for services provided to the above-named individual, and that I can withdraw my authorization to do so at any time by communicating that withdrawal to Deer Creek Corporate Services, Inc./LLCTLC, in writing.

Card Holder Signature: _____ Date: _____