



CREDIT CARD PAYMENT FORM

Please complete this form in its entirety for accurate and timely processing.

**I, _____, authorize use of my credit card
for payment to Lighthouse Communications.**

AMEX _____ FOUR DIGIT CODE ____-____-____-____

VISA _____ THREE DIGIT CODE ____-____-____

MASTERCARD _____ THREE DIGIT CODE ____-____-____

CREDIT CARD # _____ EXP. DATE _____

AMOUNT _____ INVOICE # _____

CREDIT CARD BILLING ADDRESS _____

PHONE NUMBER # _____

AGREED BY (PRINT) _____

SIGNATURE _____ DATE _____

E-Mail _____