



LaTeeDa Credit Card Authorization

Please complete all sections below with an original signature in **blue ink only** and mail to:

Deb Murray
97 Overshot Dr
South Glastonbury CT 06073

Or fax to: 410-630-7080

Please note that your order will not be processed or shipped until your completed Credit Card Authorization has been received and the credit card has been approved.

I, _____, authorize LTD to charge my
(Print name exactly as written on card)

Credit Card, _____ - _____ - _____, Exp Date _____
(Credit Card Number) (Month & Year)

in the amount of \$ _____ for purchase of fundraising products.
(Include decimal point)

Type of Card: Visa MasterCard Discover American Express
(Please Circle)

Security Code on back of credit card: _____

Credit Card Billing Address: Name: _____

Street Address: _____ Unit/Apt # _____

City: _____ State: _____ Zip Code: _____

(Signed Signature of Card Holder)

(Date)

Phone Number of Credit Card Holder: _____

Credit card charges will be listed as LTD, HGP, or Home & Garden Party on your credit card statement.
There will be two charges which combined will total the amount due on your invoice.

Deb Murray, National Fundraising Representative
Phone: 860-384-3691 Email: CHFundraiser@gmail.com