

Linco Enterprises, Inc.
12033 Jack Benny Dr. #104
Rancho Cucamonga, CA 91739

Credit Card Payment Authorization Form

Sign and complete this form to authorize Linco Enterprises, Inc., to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

FAX SIGNED FORM TO LINCO ENTERPRISES 909-941-7811

Please complete the information below:

I _____ authorize Linco Enterprises, Inc. to charge my credit card
(full name)
account indicated below for _____ related to Invoice _____.
(amount)

Billing Address _____
City, State, Zip _____

Phone# _____
Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.