

## Credit Card Authorization

Please use this Authorization Form to confirm my desire to charge the following purchases from Lawson Screen Products to my credit card:

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Name: \_\_\_\_\_  
(Card Holder Name Exactly as shown)

Credit Card: \_\_\_\_\_  
(MasterCard, VISA, Discover, Amex)

Card Number: \_\_\_\_\_  
(Credit Card Number shown on card)

AMEX/VISA CID: \_\_\_\_\_  
(3 digit Card ID number – AMEX & VISA only)

Exp. Date: \_\_\_\_\_  
(Card Expiration Date shown on card)

Billing Address (where the Credit Card Statement is sent):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Charge: \_\_\_\_\_ (Shipping Charges are additional)

Signature: \_\_\_\_\_  
I authorize Lawson Screen and Digital to charge the above credit card for my purchases and guarantee the payments of these purchases.

Print Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_



**ST. LOUIS HEADQUARTERS**  
5110 Penrose Street • St. Louis, MO 63115  
**314-382-9300 • 800-325-8317 • FAX 314-382-3012**  
E-mail: [info@lawsonsp.com](mailto:info@lawsonsp.com) • [www.lawsonsp.com](http://www.lawsonsp.com)