



TECHNO DERM LLC
 10800 Biscayne Blvd., Suite.850
 Miami, FL 33161
 Office: 305 892 4588 - Fax: 305 892 4589
 Toll Free: 888.892.4588
 www.lpg-america.com

CREDIT CARD AUTHORIZATION FORM

I _____ (card holder) hereby authorize Techno-Derm, LLC to charge my MC / VS/ AMEX/ Discover (please circle one) credit card for payment of my invoices for the following account:

Customer ID Code _____ Owner's Name _____

Company Name _____ Address _____

City _____, State _____, Zip Code _____

Phone Number _____ Contact Name _____

CREDIT CARD INFORMATION:

Name as it appears on Card _____

Account Number _____ Exp _____ 3 Digit Code _____

Billing address of Card _____

City/State _____ Zip Code _____

Phone Number _____

Authorized signature: _____ Date: _____

PLEASE NOTE YOU MUST SUPPLY THE FOLLOWING WITH THIS FORM (if we don't receive the complete information we will be unable to process your request via credit card):

- 1) Must include copy of drivers license showing card holders signature
- 2) Copy of front and back of credit card

Please check one of the following:

_____ Keep on file for full payment of future invoices

_____ Payment on account in the amount of \$_____ (one time only)

Please complete form and fax to 305-892-4589