



CREDIT CARD AUTHORIZATION

BILLING INFORMATION

FIRST NAME _____ LAST NAME _____

COMPANY _____ EMAIL _____

BILLING ADDRESS _____

PHONE NO. _____ RESALE NO. _____

CREDIT CARD INFORMATION MASTERCARD VISA AMERICAN EXPRESS DISCOVER

NAME AS IT APPEARS ON CARD (if different from above) _____

CARD NUMBER _____ EXPIRATION DATE (MM/YY) _____

CVV CODE (3 digit security code on back of card. For Amex, 4 digit code at top right of card number, on front of card.) _____

AMOUNT (CHECK ONE)

\$ _____ INVOICE NO. _____ ALL INVOICES

YES, KEEP MY CREDIT CARD INFORMATION ON FILE

By signing below, I hereby authorize the vendor, **LALTA LLC**, of 62 West 47th St., #1101, New York, NY 10036 to charge my credit card in the amount(s) checked above.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

Please return the signed form via mail or email (scan/photo):

EMAIL lalta@laltanyc.com | Questions? Please call **212.354.8848**