



► Credit Card Authorization Form

Lakeside Bridal Services
2620 Regatta Drive, Ste 209
Las Vegas, NV 89128

P 702.925.8299
F 702.853.0697

INSTRUCTIONS

<ol style="list-style-type: none"> 1. Complete form with credit card billing information 2. Sign where indicated 3. Submit this form back to Lakeside Bridal Services by fax 	SUBMIT TO: 1-702-853-0697 Lakeside Bridal Services ATTN: Credit Card Billing
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Date _____ Invoice Ref. # _____ (Optional)

check one:

On-Location Service Salon Service Date of Service booked _____

* Customer - Full Name: _____

* Cardholder Name: _____

* Credit Card Visa MasterCard American Express Discover

* Card Number: _____

* Expiration Date: _____ * CVW Number: _____ (3-4 Digit Security Code)

* Billing Address: _____

* City: _____

* State/Province: _____ * Zip/Postal Code: _____

* Country: _____

* Phone Number: _____

Email Address: _____

I authorize *Lakeside Bridal Services* to charge my credit card in the amount of:

\$ _____ USD (U.S. Dollars)

* Printed Name: _____

* Signature: _____

* Date: _____ * Required Fields

FOR INTERNAL USE ONLY (do not complete this section)

DATE	INVOICE #	AMOUNT	CHARGED BY	AUTH CODE	NOTES