

ALTERNATE ADDRESS CREDIT CARD AUTHORIZATION FORM

IN ORDER FOR LMPERFORMANCE TO SHIP YOUR ORDER TO AN ADDRESS OTHER THEN YOUR BILLING ADDRESS WE ARE REQUIRED TO OBTAIN THIS INFORMATION FOR YOUR CREDIT CARD COMPANY.

I, _____, AS THE CURRENT ACCOUNT HOLDER, AUTHORIZE **LMPERFORMANCE INC.**,

TO CHARGE MY CREDIT CARD FOR ORDER # _____ IN THE AMOUNT OF \$ _____

TYPE OF CREDIT CARD: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

NAME AS IT APPEARS ON THE CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: ____ / ____

CVV CODE (SECURITY CODE): _____

Last 3 digits on the back of the credit card where you sign your name for Visa & MC. 4 digits above the last numbers on the front of your credit card for Amex.

CUSTOMER SERVICE PHONE NUMBER: _____

Found on the back of the credit card.

CREDIT CARD BILLING / MAILING ADDRESS

REQUESTED SHIPPING ADDRESS

CUSTOMER NAME _____

CUSTOMER NAME _____

BUSINESS NAME _____

BUSINESS NAME _____

STREET ADDRESS _____

STREET ADDRESS _____

STREET ADDRESS _____

STREET ADDRESS _____

CITY _____

CITY _____

STATE _____

STATE _____

ZIP CODE _____

ZIP CODE _____

TELEPHONE # ON ACCOUNT WITH CREDIT CARD COMPANY (_____) _____ -- _____

AS THE CREDIT CARD ACCOUNT HOLDER, I HEREBY AUTHORIZE **LMPERFORMANCE** TO SHIP MY ORDER TO THE ALTERNATE SHIPPING ADDRESS LISTED ABOVE.

CARDHOLDER'S SIGNATURE: _____ **DATE** ____/____/____

AFTER COMPLETING THIS FORM YOU MAY EMAIL THIS FORM TO SALES@LMPEFORMANCE.COM OR FAX TO 850-654-7010