



### Authorization for Credit Card Use

#### ALL INFORMATION WILL REMAIN CONFIDENTIAL

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until it is cancelled.

Card Information
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date: _____ CVV: _____
Cardholder Zip Code (from billing address): _____

Billing Information
Address: _____
City: _____ State: _____ Zip Code: _____

I, \_\_\_\_\_, authorize LCI Recycling, LLC to charge my credit card above for agreed upon purchases. I understand that my credit card information will be saved to file for future transaction on my customer account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

Do you want to keep this card on file: Please circle YES/NO