

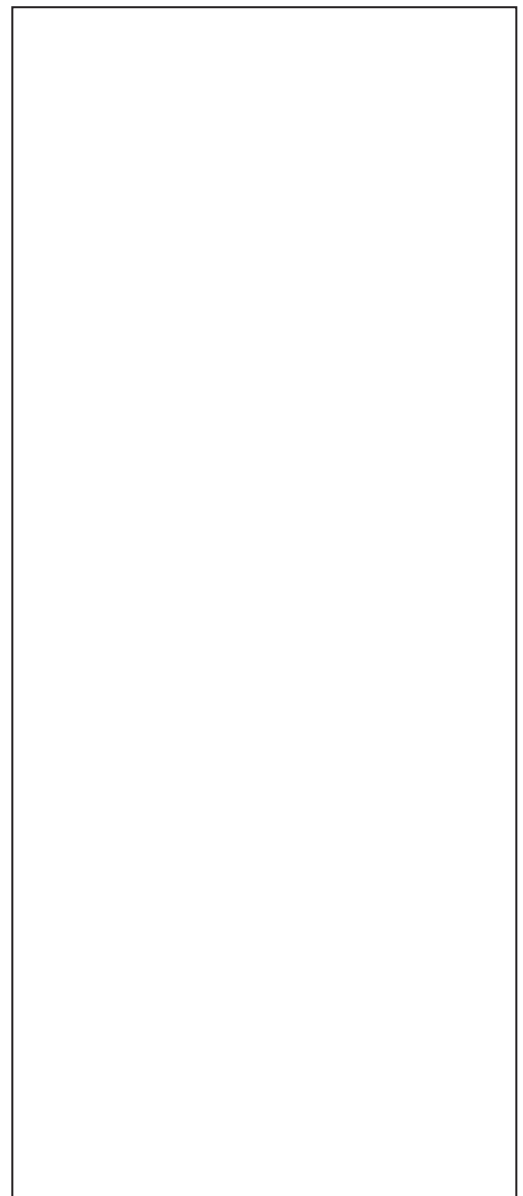
## Credit Card Payment Authorization

Name of business: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

TLI Invoice #	Amount
<b>Total:</b>	



Visa
  MasterCard

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry: \_\_\_\_\_ - \_\_\_\_\_

Name on card: \_\_\_\_\_

**Blanket Payment Authorization**

By signing below I authorize that all invoices due on the last business day of the month can be charged to the credit card indicated above.

**Payment Authorization**

By signing below I authorize that the above noted invoice(s) can be charged to the credit card indicated above.

*I herein authorize the above noted amount being charged  
To the indicated credit card account.*

Signature: \_\_\_\_\_

Print name clearly: \_\_\_\_\_

Date: \_\_\_\_\_