

# Lawrence Street Seafood Company, Inc.

3101 S. Lawrence Street

Philadelphia, PA 19148

Tel: (215) 336-0300 • Fax: (215) 336-0308

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting our office via email or written letter. This authorization will remain in effect until cancelled.

Customer Name: \_\_\_\_\_

Credit Card Information				
Card Type:	<input type="radio"/> MasterCard	<input type="radio"/> Visa	<input type="radio"/> Discover	<input type="radio"/> AMEX
	<input type="radio"/> Other _____			
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (MM/YY): _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, \_\_\_\_\_, authorize Lawrence Street Seafood Company, Inc. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

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

\_\_\_\_\_  
Date