

LRWA Required Credit Card Information

Transaction Date:		LRWA Staff initials:	
System/Company Name:			
Person Calling:			
Mailing Address			
City/State/Zip:			
Office Phone Number:	()		
Cell Phone Number:	()		
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Credit Card Number:	-- -- --		
Expiration Date (mth/yr):			
Name on Credit Card:			
3 Digit # on back of card:			
Amount of Charge:			
Description of Charge:			

*\$5.00 credit card processing fee will apply Fax or email form to: Fax 337-738-5620 or email larwa@centurytel.net