

LENBA, LLC

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If you wish to scan and email this form please
email to
Lenba.Sales@gmail.com

Credit Card Authorization Form

Once completing the requested information you must either scan and **Email, Fax** or send via **US Mail** this form, and a copy of your credit card and ID.

Customer Name _____

Name as it appears on the Credit Card _____

Credit Card Number _____ Expiration Date _____

CVV2 _____

(Last 3 digits on the signature panel on the back of your credit card)

Address Of Where Statements Are Received For This Particular Credit Card

Address _____

City _____ State _____ Zip _____

Telephone on file with the bank _____

Please Check Below What Type Of Credit Card It Is

_____ Business _____ Personal

**I fully understand and agree to the terms stated above and acknowledge that
LENBA LLC will charge my purchases on the referenced credit card above.
I am authorized to use this charge card for this business**

Print Full Name _____

Signature _____ Date _____

**ORDERS WILL NOT BE PROCESSED AND CHARGED WITHOUT
THIS SIGNED AUTHORIZATION ON FILE**