

CREDIT CARD AUTHORIZATION FORM

l,	,	on behalf of		
hereby authorize Lancaster E	lectric Compar	y to charge my cr	edit card for	work completed as
requested. Please verify whethe	er this is ONE TII	ME USE or PUT CA	ARD ON FILE	
Type of Card:	🗆 Visa	MasterCard	Discover	🗆 Amex
Credit Card Number:				
Expiration Date:				
Name of Cardholder:				
Credit Card Billing Address:				

Description of work requested:

By signing this form below, I acknowledge that I will be billed accordingly for the time and material required to complete the work requested, assume full responsibility for said charges, and agree to honor and abide by the terms of payment. I acknowledge and accept Lancaster Electric Company's Terms and Conditions.

lancasterelectricnc.com