Laneventure
Credit Card Authorization

ALL FIELDS MUST BE COMPLETED FOR CREDIT CARD TO BE PROCESSED:
Please complete and fax to: **(828) 438-9198**

Dealer Name: _____

LaneVenture Account Number: _____

Cardholder Name as it Appears on Card: _____

Street Address as it Appears on Card: _____

City, State, Zip: _____

Card Type: _____VISA _____MASTERCARD

Credit Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiration Date: ___ ___ / ___ ___ (MM/YY) 3 Digit Security Code: _ _ _

By signing this form, you are giving Laneventure permission to charge the listed order(s) or invoice(s) to your credit card. You are also authorizing Laneventure to charge any applicable transportation costs, in addition to the order amount, to this card.

Cardholder Signature: _____ Date: _____

REMITTANCE ADVICE (required):

Invoice # (Ack # if Cash with Order)	**Dollar Amount to Charge**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Amount to be Charged:	_____