

Customers Information & Credit Card Authorization Form

Please fully complete the form below and either scan and email to cmaltby@lifelearn.com or fax to 519-767-1101.

Name of Clinic: _____

Customer Number: _____

Accounting email address: _____

Accounting Contact: _____

Name on the Card: _____

Type of Card: Visa ☐ MC ☐ Amex ☐

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order/Invoice Number _____

By signing this form, you authorize LifeLearn, Inc. to charge your credit card.

Signed: _____ Date: _____