

REDEMPTION LLC.  
"MECHANIC'S LIENS"

TEL: 631-348-6925  
FAX: 631-348-6926  
EMAIL: mechanicsliens@yahoo.com

34 E MAIN ST. #232  
SMITHTOWN NY 11787

Credit Card Authorization

We (Name of your company) \_\_\_\_\_

authorize REDEMPTION LLC. to use our credit card to charge the following services.

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Cardholders Name \_\_\_\_\_

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Amex \_\_\_\_\_ (\$5 Surcharge on Amex)

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

CCV code- (last 3 digits on back of card) \_\_\_\_\_

Billing Address for card \_\_\_\_\_

Officer authorizing use of credit card \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_