



Credit Card Authorization Form

Name on Card _____

Card Number _____

Expiration _____ CVV _____

Billing Zip _____

Email _____

Reason _____

Amount to Be Charged \$ _____

(If Applicable: Please include processing fees to total)

Card Type

- Visa
- Mastercard
- Discover
- American Express
- Other:

Signature _____

By completing and signing this form, I authorize LA Solar Group to charge my credit card for the amount listed above. I understand that this form may be stored for record purposes only and will only be handled by authorized LA Solar Group employees.

(Note: All credit card transactions are subject to a 3% processing fee, unless otherwise stated in the signed contract agreement)

