

**THE LEARNERS LAB FOUNDATION (TLLF)
CREDIT CARD PAYMENT AUTHORIZATION FORM**

PLEASE PRINT OR TYPE
Submit Payment Using Secure Fax Number: 866 991 5110

*The Learners Lab Foundation is a verified, active Authorize.net Merchant.
Authorize.net assures the highest level of transaction processing security, safeguarding customer information and combating fraud.*

CARDHOLDER INFORMATION

Cardholder Name: _____

Thank you for Partnering with us to serve workers and new & young charities achieve their goals. By completing and signing this form, you are authorizing **The Learners Lab Foundation (TLLF)** to charge to your credit/debit card the amount indicated as payment for the product(s), service(s), program(s) and/or other fee(s) for which you agree payment by yourself is due. You further acknowledge that you are authorized to provide the forthcoming credit/debit card information as “THE” **Authority/Primary Account Holder** for the credit/debit account and its forthcoming use. I, _____, by my forthcoming signature and completion do acknowledge this.

_____	/Date	_____	_____
Signature		Purpose of Transaction	Total Amount To Be Paid

Company Name (if any) _____

Billing Address 1: _____

Billing Address 2: _____

City: _____ **State:** _____ **Zip Code:** _____

Email(s) _____ **Home/Cell:** _____ **Work Phone** _____

DEBIT/CREDIT CARD INFORMATION

Debit/Credit Card Type: Visa MasterCard American Express Discover Card

Debit/Credit Card Number: _____

Expiration Month/Year: _____ **Security Code:** _____

Authorizing Cardholder's Signature: _____ **Date:** _____