

OUR LADY OF LAS VEGAS PARISH

CREDIT CARD AUTHORIZATION

Credit Card Type:

VISA Mastercard Discover American Express

Required Information:

Amount to Charge \$ _____ **For** _____

Customer Name _____

Credit Card Number _____

Credit Card Expiration Date _____ Security Code _____

Credit Card Billing Address _____

Customer Phone Number _____

Customer Email Address _____

Letter of Authorization

_____ I authorize Our Lady of Las Vegas Parish to charge my credit card to pay the above listed amount.

AUTHORIZED SIGNATURE _____

DATE _____

THANK YOU
Our Lady of Las Vegas Parish
(702) 802-2300

OFFICE USE ONLY
Employee Name
