



6303 126TH Ave N Largo, FL 33776

727-524-5577 ph

727-524-8161 fax

Date: _____

PO# and/or Invoice #: _____

Name on Account: _____

MasterCard – Visa – Discover or American Express (please circle one)

Card # _____

Expiration Date _____ Code on Back/Front (AMEX) _____

Name on Card _____

Billing Address for Card _____

Amount authorized to be charged on card \$ _____

➤ This amount is to pay for: (please circle one)

☐ Product only

☐ Freight only

☐ Product & Freight

(if freight is being charged at a later date, we will be requesting your card information again)

Leader's Furniture® is **NOT authorized to keep this form on file** due to PCI compliance – fraud risk – etc. You may be asked to fill out this form for each transaction as this form will be shredded after use.