



CREDIT CARD AUTHORIZATION FORM

Fill out (Please print) and sign this printed form
Fax the signed form to 1-877-590-3522

Account Name: _____

Account Number: _____

Cardholder Name: _____

Billing Address: _____

City, Province: _____

Postal Code: _____

With respect to my account with

- ☐ Direct-Lens.com
- ☐ DirectLab
- ☐ Lensnet Club

☐ I authorize a charge in the amount of \$ _____ to my credit card

☐ I accept the pre-authorized payment of the due amount to my credit card
☐ Monthly ☐ Bimonthly

Credit card: ☐ Visa ☐ MasterCard ☐ American Express

Card Number: _____

Expiration Date: _____

Signature of cardholder: _____

Date: _____