

**LOS ANGELES PUBLIC LIBRARY**

630 W. Fifth Street  
Los Angeles, CA 90071

Tel: (213) 228-7467 Fax: (213) 228-7449

**AUTHORIZATION TO CHARGE CREDIT CARD**

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**TO:** Library Business Office

**FROM:**

**NAME OF EVENT** \_\_\_\_\_ **LOCATION / BRANCH** \_\_\_\_\_

**EVENT DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**IN ORDER FOR US TO HANDLE YOUR REQUEST, WE NEED THE FOLLOWING  
INFORMATION FROM YOUR VISA OR MASTERCARD CHARGE CARD:**

**CARD TYPE** \_\_\_\_\_

**CREDIT CARD #** \_\_\_\_\_ **VIN #** \_\_\_\_\_

(Last 3 digit # on back of card)

**EXP. DATE** \_\_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**AMOUNT TO BE CHARGED** \_\_\_\_\_

**CARDHOLDER'S NAME** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_