

**LOUISIANA SEAFOOD EXCHANGE, INC.
PAYMENT AUTHORIZATION FORM**

New Orleans Office

428 Jefferson Hwy
Jefferson, LA 70121
Phone: 504-834-9393
Accounting Contact: Deanna@laseafood.net

Baton Rouge Office

11975 Lakeland Park Blvd
Baton Rouge, LA 70809
Phone: 225-756-5225
Accounting Contact: Amy@laseafood.net

CUSTOMER INFORMATION

Company Name: _____

Contact Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

PAYMENT METHOD

____ ACH Bank Draft
____ Credit Card (3% Processing Fee Applies)
____ Debit Card

ACH AUTHORIZATION

Bank Name: _____

Account Holder Name: _____

Routing Number: _____

Account Number: _____

Account Type: _____ Checking _____ Savings

Customer Initials: _____

CREDIT / DEBIT CARD AUTHORIZATION

Name on Card: _____

Billing Address (if different from above): _____

Card Type: ____ Visa ____ Mastercard ____ Discover ____ American Express

Card Number: _____

Expiration Date: _____

CVV: _____

A 3% processing fee will be added to all credit card transactions.

Customer Initials: _____

AUTHORIZATION

By signing below, I certify that I am authorized to use the payment method provided and authorize Louisiana Seafood Exchange, Inc. to process payments for purchases, invoices, and balances due.

This authorization shall remain in effect until revoked in writing by the undersigned.

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____