



**HIGHLY CONFIDENTIAL**

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TO BE COPIED NOR  
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CREDIT CARD AUTHORIZATION

I hereby authorize PRO-TEK Vaults, Library Associates, Inc. to charge the following credit card for payment on my storage account.

**NOTE: This charge will be identified as Library Associates, Inc. on your credit card statement.**

Payment Information

I authorize my credit card below to be charged for (circle one): MONTHLY BILLING OR

ONE TIME CHARGE in the Amount of \$\_\_\_\_\_ for Invoice #\_\_\_\_\_

Card Number \_\_\_\_\_ VISA MC AMEX

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Customer # \_\_\_\_\_

Customer Name \_\_\_\_\_

Name of Cardholder (please print) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Date \_\_\_\_\_

LIBRARY ASSOCIATES, INC dba PRO-TEK Vaults

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