

**AUTHORIZATION AGREEMENT
FOR
CREDIT CARD PAYMENTS
(VISA, MASTERCARD, AMEX)**

Franchise Name: _____ Franchise Number: _____

I hereby authorize the Independent Organization of Little Caesars Franchisees (IOLCF) to initiate debit entries to my Visa / MasterCard / Amex (select one) indicated below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law.

Credit Card

Name on card _____ Acct.# _____

Billing Address _____ State _____ Zip _____

Expiration
Date _____

This authorization is to remain in full force until IOLCF has received written notification from me of its termination in such time and in such manner as to afford IOLCF and DEPOSITORY a reasonable opportunity to act on it.

Print Name _____

Signature _____ Date _____
