



## Credit Card Authorization Form

Company Name: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone # \_\_\_\_\_

Card: VISA                      MasterCard                      American Express                      Discover

Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

3 Digit Security Code \_\_\_\_\_

Amount to be charged \$ \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Completed forms should be sent to the accounts receivable department in care of [julie\\_brauer@special-lite.com](mailto:julie_brauer@special-lite.com)