



## Credit Card Authorization Form

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

Cardholder Name: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Card:        VISA                      MasterCard                      American Express                      Discover

Card #: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

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)

A 3% fee will be added if paying with a credit card.