



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 recievable department in care of julie_brauer@special-lite.com

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