



## One Time Credit Card Authorization Form

I authorize Green Lighting LED, to charge my credit card for the amount shown below.

Ref: \_\_\_\_\_ PO#: \_\_\_\_\_

### Customer Name & Billing Address

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

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

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

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

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

### Credit Card Information

Name On Card: \_\_\_\_\_

Billing Address For CC: \_\_\_\_\_

Phone Number of Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CID: \_\_\_\_\_

Card Type: (Visa / MC / Discover / AmEx) Amount of Sale: \_\_\_\_\_ Shipping Charge: \_\_\_\_\_

Sales Tax: (PA Delivery) \_\_\_\_\_ Total Amount Charged: \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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

EMAIL [Paula@GreenlightingLED.com](mailto:Paula@GreenlightingLED.com) / [Josh@GreenlightingLED.com](mailto:Josh@GreenlightingLED.com)

OR FAX TO GREEN LIGHTING LED - Fax: 814-897-0833