

## **Credit Card Authorization Form**

Credit Card Information:
Name as it appears on the Card:
Type of Card: □Visa □ Master Card □ American Express
Credit Card Number:
Expiration Date:/
Security Code BACK of Visa or Master Card (3 digits):
Security Code FRONT of Amex Card (4 digits):
Cradit Card Billiag Addrags
Credit Card Billing Address:
Street:
City: Zip Code:
Cell: ( ) Email:
I certify that I am the authorized holder and signer of the credit card referenced above.
I certify that all information above is complete and accurate.
I hereby authorize this card to be used for the event deposit and/or final payment or monthly auto-charge as agreed at time of order placed.
Cardholder or Company Representative:
Signature:
Today's Date:

Please return the completed form to our A/R department: fiona@soltechlighting.com. Call us at (510) 891–1056 if you have any questions. Thank you!