



CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION

Name on Credit Card:

Company Name:

Billing Address:

City: _____ State: _____ Zip: _____

Credit Card Information: _____ Type: (VS,MC, AMEX)

CC #:

Exp. Date: _____ CSV (3 or 4 digit code): _____

Telephone Number:

AGREEMENT

BY MY SIGNATURE BELOW I AUTHORIZE **P.M. LIGHTING, LLC** to process the credit card listed above for payments on my account. This authorization is valid for purposes of paying for product purchased and also for making payments on past due balances.

SIGNATURES

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date:

Date:

FAX TO: 1-615-792-6898