

CREDIT CARD AUTHORIZATION FORM



DATE: _____

RE: PAYMENT OF TECHLIGHT INVOICES

TO: COLLECTIONS / ACCOUNTS RECEIVABLE

FROM: _____

PLEASE COMPLETE THIS FORM AND RETURN TO TECHLIGHT AT THE EMAIL: TLAR@TECHLIGHT.COM

I, _____ authorize D.A.Schoggin Inc (dba Techlight) to charge my credit card account for payment of invoices or orders pending.

AMOUNT: \$\$	CREDIT CARD NUMBER:	EXPIRATION DATE:	SECURITY CODE
NAME ON CREDIT CARD:		ADDRESS WHERE YOU RECEIVE YOUR CREDIT CARD STATEMENT:	

AUTHORIZED SIGNATURE: _____

P.O. REFERENCE:	INVOICE NUMBERS:
-----------------	------------------