

4980 Eucalptus Avenue, Chino, CA 91710

Phone: (909) 597-8892 Fax: (909) 393-4161

Credit Card Authorization Form

Lite Source will not charge your cre customer, unless form already on fi			
Company/organization name:		Ac	ct#
1,		hereby authoriz	ze Lite Source to charge
my credit card account in the amou	int of \$	for m	y PO#
() Visa () MasterCard ()	American Express	Expiration Da	ate:/
Credit Card #	nent)	1234 5678 1234 S678 Ca MEMBER NAME American	·
City			
Cardholder's Signature			
Should you care to charge your pas	at due invoices, pleas	e complete the	following:
Invoice #	Amount to pay: \$	·	Full Amt?
Invoice #	Amount to pay: \$		Full Amt?
Invoice #	Amount to pay: \$	·	Full Amt?
For Office use only:			
Authorization #			
Notes:			