



## Credit Card Authorization Form

Name on the Card: \_\_\_\_\_

Type of Card:      Visa       MC            

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Order/Invoice Number \_\_\_\_\_

Item(s) Purchased \_\_\_\_\_

Amount to be Charged \_\_\_\_\_

**By signing this form, you authorize \_\_\_\_\_  
to charge your card for the amount listed above.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please email or fax back to:  
**uniqueironlighting@gmail.com**  
**760-749-6383**

[www.uniqueironlighting.com](http://www.uniqueironlighting.com)