



ENVISION LED LIGHTING, INC. – 4845 S. EASTERN AVE. BELL, CA 90201

CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THE INFORMATION BELOW IN CLEARLY LEGIBLE WRITING AND RETURN TO ENVISION LED LIGHTING FOR PROCESSING.

All information provided is kept completely confidential and will not be shared outside of ENVISION LED LIGHTING, Inc.'s accounting department.

For services rendered. Not to exceed the amount shown on invoice.

CREDIT CARD TYPE: **VISA (3%) Mastercard (3%) Discover (3%) AMEX (5%)**

CREDIT CARD # _____

CARD CV2 # _____

EXPIRATION ____/____

DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____ (As it appears on card)

ALL SALES ARE FINAL.

Invoice #	Dollar Amount

Total Amount Charged: \$ _____

I, _____, as the credit card holder, authorize ENVISION LED LIGHTING, Inc. to charge my credit card for the above listed amount(s). I understand and consent to the use of my credit without my signature on the charge slip, that an electronic copy or fax of this authorization agreement will serve as an original, and this credit card authorization can't be revoked. By signing this form, I agree to the 3% (Visa/ Disc/MC) or 5% (Amex) handling fee to be charged with my order.

Cardholder – Sign and Date:

Signed: _____

Date: ____ / ____ / _____

E-Mail To: accounting@envisionledlighting.com or Lkawano@envisionledlighting.com

Fax To: 213-741-1556

For Office Use Only Date Charged: