

**6023 Bandini Blvd. Bell, CA 90040**

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: [ar@envisionledlighting.com](mailto:ar@envisionledlighting.com)

FAX to: 213-741-1556

For Office Use Only Date Charged: