

CREDIT CARD AUTHORIZATION FORM



TECHLIGHT

INNOVATION IN ILLUMINATION

DATE: _____

RE: PAYMENT OF TECHLIGHT INVOICES

TO: COLLECTIONS / ACCOUNTS RECEIVABLE

FROM: _____

PLEASE COMPLETE THIS FORM AND RETURN TO TECHLIGHT AT THE FAX NUMBER 214-350-0594

I, _____ authorize D.A.Schoggin Inc (dba Techlight / Dallas Pole) 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:
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