



CREDIT CARD AUTHORIZATION FORM

A readable photocopy of front and back of the signed credit card must be attached for verification purposes.

CREDIT CARD BILLING INFORMATION:			
Company Name (If Applicable):			
Name on Card (Please Print):			
Card Type:		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Credit Card Number			
Issuing Bank:			
CCID Number: <small>(last 3 digits from the back of the card or 4 digit for card)</small>			
Expiration Date:			
Billing Address:			
City:			
State:			
Postal Zip:			
Country:			
Phone Number:			
Fax Number:			
PLEASE SELECT THE FOLLOWING PAYMENT OPTIONS:			
Once:	Bill my Credit Card ONCE for the following amount:	\$	
	Purchase Order No. (if applicable):		
On-File:	Silescent Lighting Corporation is authorized to retain Credit Card information for future APPROVED Purchase Orders as specified on each order.	Yes / No <i>(circle one)</i>	

Information provided will be used to charge the total price of your purchase to the above authorized credit card. By signing below you agree the information listed above is true and that you are the authorized owner of the card.

I hereby authorize the following charges to be applied to the credit card as described above:

Authorized Signature _____ Date: _____

Return this form along with the readable photocopy of the front and back of the signed credit card and copy of photo ID for verification purposes to:

Silescent Accounts Receivable
 e-mail: accounting@silescent.com
 or
 Fax to: 954-206-0071
 Phone: 954.766.8448
 TOLL: 877.766.8448

All information is kept confidential and used only for the purposes as noted above.

