



PO BOX 928, Chino Hills, CA 91709 USA

Tel: 800-988-6386 Fax: 800-685-5689

One-Time Credit Card Authorization Form

Company Name: _____ **Date:** _____

I, _____, authorize PACLIGHTS,LLC to charge my credit card as stated:

My signature below indicates my knowledge and acceptance that my credit card, listed below, is to be charged to process of my order with PO# _____ placed with PACLIGHTS, LLC. , Total Amount \$ _____ PLUS Shipping Charge if applicable.. I've received and I agree with PACLIGHTS,LLC's Terms of Sales, Return Policy and Warranty Policy.

Credit Card Information:

Credit Card: **Mastercard** **Visa** **AMEX** (please circle one)

Credit Card Number: _____

Expiration Date: _____ / _____ / _____
(month) (day) (year)

Billing Address:

Card Security Code: _____
(AMEX: 4 Digit on Front of card; DISC MC/VISA: 3 Digit on back of card)

Cardholder's Name: _____
(Exactly as it appears on the card)

X _____ Date: _____
(signature of the cardholder)

Please fax this completed authorization form to **(800) 685 5689**
or email **PO@PacLights.com**