



PO BOX 928, Chino Hills, CA 91709 USA

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

Standing 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 on an ongoing basis to process all of my orders placed with PACLIGHTS, LLC. I also acknowledge that this authorization will remain in force until revoked by me in writing to PACLIGHTS, LLC. 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**