



CREDIT CARD AUTHORIZATION

I, the undersigned cardholder, authorize Albrite Lighting Limited to charge the following invoices to my credit card # _____

EXP. ____ / ____ CVV# _____

CARDHOLDER: _____

VISA / MASTERCARD / AMEX

INVOICE	AMOUNT	INVOICE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check here to authorize Albrite Lighting to charge your monthly account balance to your credit card. Receipt will be faxed or emailed to you.

Fax # _____ Email: _____

X _____
Authorized Signature

Phone # _____