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CREDIT AUTHORIZATION FORM

****Please enter all information as it appears on your credit card statement****

Name on Card: _____

Billing Address1: _____

Billing Address2: _____

City/State/Zip: _____

E-Mail Address: _____

Billing Phone: _____

Fax Phone : _____

Alternate Phone: _____

Card Type: (circle one): **AMEX** **VISA** **MC**

Card Number: _____

Expiration Date: ____ / ____

Card Verification Number: _____ (4 digits on AMEX, 3 digits on VISA/MC)

Amount: _____

Reference/Invoice#'s: _____

Signature: _____ **Date:** _____

Printed Name: _____

This form hereby authorizes ILIOS Lighting to use above listed information to pay all invoices on account unless otherwise specified or if open invoices are not paid within stated terms.