

Please fill out this "Credit Card Authorization Form" allowing Intelligent Lighting Creations, Inc. (ILC) to charge the expense to the credit card listed below.

**ONLY CHARGES AUTHORIZED BY THE CARDHOLDER WILL BE CHARGED TO THIS CARD.**

INVOICE #: \_\_\_\_\_

TYPE OF CARD:     Personal     Corporate

CARD ISSUING COMPANY:                    

AUTHORIZED AMOUNT TO BE BILLED: \$ \_\_\_\_\_     Payment in Full     Partial Payment/Deposit

DESCRIPTION OF GOODS / SERVICES: \_\_\_\_\_

COMPANY NAME (if company card): \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

CARDHOLDER EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION (mm/yyyy): \_\_\_\_\_ CID: \_\_\_\_\_



**Are the goods being shipped and/or services being performed at the business address listed above?**     Yes     No

*If checked no, complete below:*

VENUE NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I authorize the amount above to be charged for the Goods / Services or Invoice(s) I have referred to above. I understand that if an address other than the Cardholder's address is used as the ship to address, I must provide venue name and address. **PLEASE PRINT & SIGN THIS DOCUMENT AND RETURN VIA FAX OR EMAIL.**

AUTHORIZED CARDHOLDER SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Contract # \_\_\_\_\_ Invoice # \_\_\_\_\_

Transaction Type:     Purchase     Rental     Deposit     Rental and Rental Deposit

Authorization # \_\_\_\_\_ REF # \_\_\_\_\_

Total Amount Charged \$ \_\_\_\_\_ Capture Code \_\_\_\_\_