

Phone: (718) 768-7000 • Fax: (718) 768-0970

Out of NYC: (800) 605-BUL B

CREDIT CARD AUTHORIZATION REQUEST FORM

Thank you for your patronage of Sunshine Lighting.

For your convenience, Sunshine Lighting accepts Visa, Mastercard, Amex and Discover cards. For both your and our protection, please fill out and return this form to us to authorize us to charge your credit card.

Customer Account #: Account Name:	
Please check one that applies:	
One Time Use Only	
Permanent File	
I/We authorize Sunshine Lighting to bill my/our:	(check one)
Visa	
Mastercard	CCV
American Express	
Discover For the amount	t of: \$ Expiration Date
Cardholder's Name and Address: (as it appears on card/bill)	Business Name and Address:
Name:	Company Name:
Address:	Address:
City:	City:
State:Zip: Phone:	State:Zip: Phone:
STATEMENT	OF AUTHORIZATION
from the above stated applicant. These transactions will be business operation. We will update upon expiration date a	nting (also stated as the "merchant") to process credit card transactions processed via phone orders or in person at the merchant's location of and/or other necessary information as the above stated credit card is arge back on the card listed above without receiving prior written
By signing this document I/we accept all responsibility for	these transactions to ensure full and proper payment to merchant.
Name: (please print)	
Authorized Signature:	Date: