



## **Credit Card Payment Authorization Form**

my account for the amount in full	er listed below. on or after the	By signing this forr indicated date. Th	id Leds, Inc. to initiate a withdrawal against m, I give Vivid Leds, Inc. permission to debit is transaction is for a single debit only, and or credits to my account unless I accept to
Card Type (Check One):	Visa	Mastercard	Discover
Card Number:			
Expiration Date:			
Security Code:			
Company Name:			
Cardholder's Name:			
Billing Address:			
City:			
State:			
Zip Code:			
Phone Number:			
E-mail Address:			
Total amount to be charged:		(USD) United S	States Dollars
PO #:			
Invoice #:			
If you would like us to keep your	credit card on f	ile for future trans	actions, please accept:
Ongoing Payment Authorizati	on: Acce	pted Rejecte	d
lined above. This payment authorization invoice and is valid for one time use I will not dispute the payment with n	tion for the am only unless not ny credit card c	ount indicated abo red. I certify that I a ompany for any rea	uthorization form according to the terms out- ove is for the product confirmed in the PO and om an authorized user of this credit card and ason. I acknowledge the products ordered as evised or canceled after the payment has been
Authorized Signature:			Date: