

## **Credit Card Authorization Form**

Please fill out this authorization, scan and return:

Date:		
Company:		
Cardholders Name:		
Card Type (Circle One)	AMEX / Visa / M	asterCard
Credit Card Number:		
Exp. Date:		
Security Code (Visa/MC 3	Digits on back. A	mex 4 Digits on front)
Billing Address:		
City:	State:	Zip:
All Quotes and Invoices are based o used. Cardholder hereby assumes and every cause whatsoever o Cardholder authorizes JR Ligh additional services rendered, l	on a 4% cash or check dis the entire risk of loss, dam commencing with the deli ting Design Inc. to charge late returns, rental extension	ARD the Invoiced Amount. count which will not apply if a credit card is lage, or destruction of Equipment from any very of such equipment to Cardholder. Cardholder's credit card account for ons, and/or replacement of any lost or tion outside the state of Illinois. Applicable sales invoice.

Signature of Cardholder:

Date:\_\_\_\_\_