

Credit Card Authorization Form



Bill To

Company:	<input type="text"/>
Address:	<input type="text"/>
State, City:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Phone:	<input type="text"/>
P.O. Number:	<input type="text"/>
Contact Name:	<input type="text"/>

Light Laboratory Inc.
8165 E. Kaiser Blvd.
Anaheim, CA
United States
92808
www.lightlaboratory.com
Phone: 714-282-2270
Fax: 714-676-5558

I (name)

Authorize Light Laboratory, Inc. to charge my credit card for services rendered. Not to exceed the amount shown.

Amount \$	<input type="text"/>
Credit Card Type	<input type="text"/>
Credit Card Number	<input type="text"/>
Card CV2 Number(3 digits on back)	<input type="text"/>
Name on Card	<input type="text"/>
Expiration Date	<input type="text"/>
Signature	<input type="text"/>
	Date <input type="text"/>

FAX OR EMAIL TO:
Light Laboratory Inc.
8165 E. Kaiser Blvd. Anaheim, CA 92808
FAX: 714.676.5558
labfax@lightlaboratory.com

DO NOT WRITE BELOW. COMPANY USE ONLY

NOTES: