Commercial Lighting Products Ltd.

Customer Authorization for Credit Card Payment

NAME AS SHOWN ON CREDIT CARD

CREDIT CARD NUMBER

/
EXPIRY DATE

( ) -
PHONE # OF CARD HOLDER

Please Print

I _____ of _____ , located in _____
(Customer's Name) (Place of Business) (City / Province)

give Commercial Lighting Products Ltd. authorization to:

☐ Charge my (**VISA** / **MASTER CARD**) upon each order that I/we place with them.
(Please Circle)

OR

_____
SIGN FOR AUTHORIZATION

☐ Charge my (**VISA** / **MASTER CARD**) for ***only*** the following order(s).
(Please Circle)

ORDER / INVOICE DATE	INVOICE #	YOUR PO #	AMOUNT
			$.
			$.
			$.
			$.
			$.

_____
SIGN FOR AUTHORIZATION

✸In return I/we would like Commercial Lighting Products Ltd. to (**FAX** / **MAIL**) a copy of the receipt (**YES** / **NO**) to me/us.
(Please Circle) (Please Circle)

PLEASE FAX THIS FORM BACK TO:

Attention: Dave

604-540-2402 *or* **1-866-540-2402**

Delta ~ Victoria ~ Calgary ~ Edmonton ~ Winnipeg