



# CREDIT CARD AUTHORIZATION

By signing this form, you authorize a single or scheduled/statement balance charge to your bank account as indicated below:

I \_\_\_\_\_ (Company Name) hereby authorize Excel Lighting & Electrical Supply Co. (Merchant) to charge my Credit Card

**Recurring Charges**

Payments will be applied for open balances on the account with prior e-mail notification from Merchant to Company of a specified balance to be charged prior to the charge.

**One-Time Charge**

For the amount of \$ \_\_\_\_\_ (Amount \$) on \_\_\_\_\_ (Date) as payment for the following Invoice #'s \_\_\_\_\_.

I understand that the charge may be made on the following business day. This permission is for a single transaction or reoccurring account charges as indicated by the box checked above.

## BILLING INFORMATION

Billing Address: \_\_\_\_\_  
Address City, State Zip Code

Phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email Address: \_\_\_\_\_

## PAYMENT INFORMATION

### Bank account

Card Type: [ ] MasterCard | [ ] VISA | [ ] Discover | [ ] AMEX | [ ] Other \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card Number (#): \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
MM/YYYY

I guarantee and warrant that I am an authorized user of this bank account and that I am legally authorized to enter into this billing agreement with the Merchant. I certify that I will not dispute this scheduled transaction (s) with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_