CREDIT CARD CHARGE AUTHORIZATION FORM

PQL
PREMIUM QUALITY LIGHTING®

COMPANY NAME: DATE:

PHONE: FAX:

EMAIL:

PQL ACCOUNT#:

INVOICE NUMBER	AMOUNT TO CHARGE
TOTAL AMOUNT TO CHARGE:	

TYPE OF CC: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

CC NUMBER: VERIFICATION CODE: EXP DATE:

NAME ON CARD:

CC BILLING ADDRESS:

CITY: STATE: ZIP CODE:

☐ KEEP CREDIT CARD ON FILE FOR FUTURE PURCHASES ☐ ONE TIME AUTHORIZATION

SIGNATURE:

PLEASE ☐ MAIL OR ☐ FAX CREDIT CARD RECEIPT TO:

FAX THIS FORM TO: 877-619-7053

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Phone: 805-579-0440
Fax: 877-619-7053
05022022