



Credit Card Authorization Form

COMPANY INFORMATION

Company Name:

Contact Name:

Phone No.:

Fax No.:

CREDIT CARD INFORMATION

Credit Card Type: Visa MasterCard AMEX

Credit Card No.:

Expiration Date: Verification Code (CVC):

Cardholder's Name: (Please print as it appears on card)

Billing Address:

City: State: Zip Code:

Shipping Address:

City: State: Zip Code:

Amount of Authorization:

\$ _____

I authorize Alphalite to charge the above credit card for Purchase Order/Invoice #: _____ and any past due balances within our credit terms. I understand a 2% surcharge fee will incur for any payment paid by credit card.

I _____, as the credit card holder, hereby authorize Alphalite, Inc. to charge my credit card.

I understand and consent to the use of my credit card without my signature on the charge slip, that a photocopy or fax of this agreement will serve as an original, and this Credit Card Authorization cannot be revoked.

I UNDERSTAND THE CHARGE IS NON-REFUNDABLE, NON-REVOCABLE, AND NON-CONTESTABLE.

I WAIVE MY RIGHT OF REFUND AND/OR TO DISPUTE THE CHARGE.

Cardholder Signature: _____

Signature

Date