



## 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 3% 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