

# Credit Card Authorization Form



## Bill To

<b>Company:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>
<b>State, City:</b>	<input type="text"/>
<b>Zip/Postal Code:</b>	<input type="text"/>
<b>Phone:</b>	<input type="text"/>
<b>P.O. Number:</b>	<input type="text"/>
<b>Contact Name:</b>	<input type="text"/>

Light Laboratory Inc.  
8165 E. Kaiser Blvd.  
Anaheim, CA  
United States  
92808  
www.lightlaboratory.com  
Phone: 714-282-2270  
Fax: 714-676-5558

I (name)

Authorize Light Laboratory, Inc. to charge my credit card for services rendered. Not to exceed the amount shown.

Amount \$	<input type="text"/>
Credit Card Type	<input type="text"/>
Credit Card Number	<input type="text"/>
Card CV2 Number(3 digits on back)	<input type="text"/>
Name on Card	<input type="text"/>
Expiration Date	<input type="text"/>
Signature	<input type="text"/>
	Date <input type="text"/>

FAX OR EMAIL TO:  
Light Laboratory Inc.  
8165 E. Kaiser Blvd. Anaheim, CA 92808  
FAX: 714.676.5558  
labfax@lightlaboratory.com

DO NOT WRITE BELOW. COMPANY USE ONLY

NOTES: