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778-730-0448

ALBERTA WAREHOUSE 13 - 2355 52 Ave SE, Calgary, AB, T2C 4X7 | 403-907-0212

Credit Card Authorization Form

I, _____, representing _____, authorize

Name

Company Name

CSC LED Corp. to charge the below credit card for all purchases made on my account at time of shipping. I understand that the information provided will be securely stored and will only be used for payment of orders placed on my account. It is my responsibility to ensure the use of my account is restricted to authorized individuals only and that all credit card information is current, valid, and correct.

Credit Card Information

Cardholder Name:

Phone No.:

Billing Address of Card:

Street, City, Province, Postal Code

Email Address (Cardholder):

Email Address (for Receipts):

Credit Card Type:

Visa

Mastercard

Credit Card No.:

Expiry Date:

CCV (number on reverse of card):

Authorized Signature:

Date:

Send completed form, changes in information, or requests to revoke authorization by email to accounting@csc-led.com