



ABOVE ALL LIGHTING & BULBS Inc.
ALLBulbs.com
TRUEcolorGel.com

Credit Card Authorization

Complete & sign the form below. By signing this form you give Above ALL Lighting & Bulbs Inc. permission to debit your credit. In order to proceed with the order, it is necessary to have a completed credit card authorization form.

I, _____
(full name) authorize Above All Lighting & Bulbs Inc. to charge my credit card account and agree with the payment terms and conditions.

Billing Address: _____ Phone# _____
City, _____ Cell # _____
State, _____ Zip Code, _____ E-mail: _____

Account Type: Visa MasterCard AMEX Discover
Cardholder Name _____
<u>Account Number</u> _____
Expiration Date _____
CVV2 (3 digit number on back of Visa (or) MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company. This payment authorization is for goods/services.