

# ABOVE ALL LIGHTING & BULBS Inc.

ALLBulbs.com / Absolute Light / TRUEcolorGel.com

## Credit Card Authorization

Complete & sign the form bellow. By signing this form you give Above ALL Lighting& Bulbs Inc./ Absolute Light / TRUEcolor Gel permission to debit your credit card. 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	_____			
Account Number	_____			
Expiration Date	_____			
CVV2 (3 digit # on back of Visa (or) MC, 4 digit on front of AMEX Card)	_____			

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card 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.

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Www.ALLBULBS.com / www.TRUEcolorGel.com