

## Leo Berbee Bulb Company Credit Card Authorization Form

Please complete all fields.

You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Customer Information
Business Name:
Name:
Address:
City, State, Zip:
Phone: () Email:
Credit Card Information
Card Type: □ MasterCard □ VISA □ Discover □ AMEX
Other
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):/
Cardholder ZIP Code (from credit card billing address):
I,, authorize Leo Berbee Bulb Company to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.
Customer Signature Date

Please email completed forms to <u>sales@berbeeus.com</u> or print and fax to 937-644-5341 Prefer not to print? Please call us at 937-642-0511 Ext. 215