



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: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> 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 sales@berbeebus.com or print and fax to 937-644-5341
Prefer not to print? Please call us at 937-642-0511 Ext. 15

All information is kept confidential