

Credit Card Payment Authorization Form



Sign and complete this form to authorize LITELUME™ to make a one-time debit to your credit card listed below.

By signing this form you are confirming that you understand and agree to the terms and conditions. You authorize LITELUME™ to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize LITELUME™ to charge my credit card
(full name)

Account below for _____ on or after _____ This payment is for
(amount) (date)

(description of goods/services)

Billing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Account Type: Visa MasterCard AMEX Discovery

Billing Address: _____

Account Number: _____

Expiration Date: _____ CCV: _____

Signature: _____ Date: _____

I authorize Litelume Corporation to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the products described above, for the amount indicated above only, and is valid for one time use only. 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; so long as the transaction corresponds to the terms indicated in this form.