

## Credit Card Authorization

**Allsman Enterprises, LLC**  
dba: AE Light  
1498 Rogue River Hwy.  
Grants Pass Oregon, 97527 USA  
Tel : 01-541-471-8988 Fax :01-541-471-2263

### COMPANY NAME & Shipping Address:

Street Address :

City :

State:

Postal Code:

Country:

Residential

Commercial

Phone#: \_\_\_\_\_ EXT : \_\_\_\_\_ FAX #: \_\_\_\_\_

E-mail Address for Invoice Notification : \_\_\_\_\_

ORDERED BY :

DATE:

## PAYMENT INFORMATION

### CREDIT CARD

For your convenience, we will use this authorization to charge your credit card account for your order. Please complete the information below (**all information Must be filled out or we can not process your order**):

**Customer Service phone numbers on back of credit card:**

Phone # Inside U.S. and Canada: \_\_\_\_\_

Phone # Outside U.S. and Canada: \_\_\_\_\_

VISA

MASTERCARD

Credit Card No. : \_\_\_\_\_ Exp. Date : \_\_\_\_\_

CCV No. : \*VISA/MC : The last 3 numbers printed in the signature space on the back of the card.

CCV No: \_\_\_\_\_

Card will not be charged until we ship your order

Total Authorized Amount USD \$ \_\_\_\_\_ Freight will be added to total Authorized Amount

Cardholder Name (as it appears on card) : \_\_\_\_\_

Please print clearly.

Signature : \_\_\_\_\_

Cardholder Billing Address :

City/State/Zip : \_\_\_\_\_ Phone#: \_\_\_\_\_

Country:

\*Please fax to 01-541-471-2263 after completing this form. Additional documentation may be required.

Item Ordered:

Quantity Ordered:

Price Each: