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One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Divine Lighting, Fabrication & Powder Coating, LLC to make a one-time debit to your credit listed below. Please note that a 3% credit card processing fee has automatically been added to your invoice.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction and only and does not provide authorization for any additional unrelated debits or credits to your account.

I(full name)	authorize Divine Lighting to charge my credit card account				
indicated below	for	(amount)	on or after	(date)	This payment is for
	-	(PO nu	umber/description of goods/s	ervices)	
Billing Address	Phone				
City, State, Zip	Email				
Account Type:	Visa	N	MasterCard	AMEX	Discover
Cardholder Name					
Account Number					
Expiration Date					
CVV2 (3-digit numbe	r on back	of Visa/M	C , 4-digit on fron	t of AMEX)	
SIGNATURE				DATE	

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is only 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.