



## CREDIT CARD AUTHORIZATION FORM

Please sign and complete this form to authorize **AUTOLIGHTS** to make a one-time debit to the card listed below. By signing this form, you give us permission to debit your account for the amount indicated. This is permission for a single transaction and does not provide authorization for any unrelated debits or credits to your account. Unless consent is given to keep a credit card number on file, this will be destroyed after use & will always remain confidential.

CARDHOLDER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CARD TYPE (PLEASE CHECK) :  VISA  MASTERCARD  DISCOVER  AMEX

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CCV: \_\_\_\_\_

AMOUNT TO CHARGE: \$ \_\_\_\_\_ (USD)      DATE: \_\_\_\_\_

I authorize **AUTOLIGHTS** to charge the agreed amount listed above to the credit card number provided. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

SIGNED: \_\_\_\_\_

NAME (PLEASE PRINT): \_\_\_\_\_

ONCE COMPLETED AND SIGNED, PLEASE FAX OR EMAIL BACK TO:  
FAX: (248) 291-5306  
MELANIE@AUTOLIGHTSPARTS.COM OR INFO@AUTOLIGHTSUSA.COM

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 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.

1000 Hilton Rd • Ferndale, MI 48220  
Ph: (248) 291-6324 • Fax: (248) 291-5306  
melanie@autolightsparts.com • info@autolightsusa.com • http://autolightsusa.com