

# CREDIT CARD AUTHORIZATION

## CREDIT CARD INFORMATION

Name on Card:			
Billing Address:			
Card No.:			
Expiration:		CVC# (3 digits on back):	

## VERIFICATION

Amount to Charge:	USD\$		
Signature:		Date:	
By submitting this application, I authorize LIBULBS INC. to charge my credit card provided herein. I agree to pay for this purchase(s) in accordance with the issuing bank cardholder agreement.			
_____	Print <b>"YES"</b> to authorize use of the card for your future purchases. Print <b>"NO"</b> to decline. (You will need to send this form for each use in the future.)		

Note: There will be a 3% credit card processing fee added to any invoice paid with a credit card. Note: Please include a picture of a valid government issued identification such as a drivers license.

By submitting this form, you hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that LIBULBS INC. will be charging your credit card for the amount above and future charges if desired. Furthermore, In the event you would like a refund you will adhere to LIBULBS INC.'s refund policies and waive your right to dispute any charges we may charge to your card. You also certify that the signer of this form and the holder of the card are one and the same person.