1435 W. 139th Street, Gardena CA 90249
Telephone: 310-323-2275 Fax: 310-323-6275 Email:info@arklighting.com
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CREDIT CARD AUTHORIZATION FORM

PLEASE BE NOTIFIED THAT ARK LIGHTING WILL NOT SHIP ANY ORDERS THAT REQUIRE A CREDIT CARD PAYMENT WITHOUT A SIGNED COPY OF THIS FORM BY THE CARDHOLDER.

PURCHASE ORDER # _____

INVOICE # _____ **INVOICE DATE:** _____

TOTAL AMOUNT TO BE CHARGED: $ _____

CARDHOLDER NAME: _____

COMPANY NAME: _____

BILLING STREET _____

BILLING ADDRESS _____ _____ _____
CITY **STATE** **ZIP**

CARD TYPE (circle one): AMEX VISA MASTERCARD DISCOVER

CARD NUMBER: _____

EXP DATE: _____ **3 DIGIT CODE (4 IF AMEX):** _____

CARDHOLDER SIGNATURE _____

PLEASE SEND US A COPY OF:

1. CARDHOLDER IDENTIFICATION CARD
2. FRONT OF CREDIT CARD BEING USED