



Credit Card Authorization Form

PLEASE PRINT LEGIBLY

Cardholder's Name: _____
Exactly as it appears on Credit Card

Credit Card #: _____

Expiration date: _____ CID (3 or 4 digit #) _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Company Name: _____

PO #(s): _____ Recurring charge (Y/N): _____

Amount \$ _____ (product only; not including S/H) Date: _____

Cardholder's Signature: _____

*** To protect you, the cardholder, we require above information before we can make charges to your credit card. This form and signature serve to designate this credit card as the secured method of payment for the purpose of guaranteeing the purchase. You are also authorizing LUX Technology Group, Inc. to charge your credit card. **Please sign and return this form along with a legible copy of front and back of the credit card.**

Please return to: **accounting@luxtg.com** or **Fax 949.396.1303**
2431 West Coast Highway, Suite 202 | Newport Beach | CA | 92663
T | 949.396.1300