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### CREDIT CARD AUTHORIZATION FORM

Please Fill out this form and email back to [usasales@highlineled.com](mailto:usasales@highlineled.com)

Please indicate below the type of credit card you are using to pay for your purchase(s) at HIGHLINE LED:

CREDIT CARD INFORMATION					
Card Type :		Master Card	<input type="checkbox"/>		
		VISA	<input type="checkbox"/>		
		Discover	<input type="checkbox"/>		
		American Express	<input type="checkbox"/>		
Cardholder's Name (As Shown On The Card):					
Cardholder's Billing Address:					
City:		State:		Zip Code:	
Credit Card Number:					
Expiration Date: (MM/YY)		CVV Security Code:			
BILLING INFORMATION					
Invoice #		Total amount to be charged:			
I, authorize Highline LED to charge my credit card above for agreed upon purchase(s). I understand that my information will be saved to file for future transactions on my account.					
Signature of Cardholder:				Date:	