



FOR OFFICE USE ONLY	
Date Charged:	
Invoice No.:	
PO No.:	
Transaction No.:	

## CREDIT CARD AUTHORIZATION

Date:	
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Company Information		
Company Name:		
Contact Name:		
Phone:	Fax:	Email:

Credit Card Information				
Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name:				(Print as it appears on card)
Credit Card No.:				
Expiration Date:	Verification/Security Code:			

Billing Address		
Street Address:		
Street Address 2:		
City:	State:	Zip:

Shipping Address (if applicable)		
Street Address:		
Street Address 2:		
City:	State:	Zip:

Acceptance and Authorization		
<p>I, _____, as the credit card holder, authorize Aleo Lighting, Inc. to charge my credit card. I understand and consent to the use of my credit card without my signature on the charge slip, that an electronic copy or fax of this authorization agreement will serve as an original, and this Credit Card Authorization cannot be revoked. I also understand that there will be a <b>3% Credit Card processing fee.</b></p>		
P.O. Amount:	CCA Fee Amount:	Total:
Signature:		P.O. Number:
Print Name:		Date:



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## CREDIT CARD ON FILE AUTHORIZATION

Date:	
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All information entered on this form will be kept strictly confidential within Aleo Lighting.

Company Information		
Company Name:		
Contact Name:		
Phone:	Fax:	Email:

Credit Card Information				
Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name:				(Print as it appears on card)
Credit Card No.:				
Expiration Date:	Verification/Security Code:			

Billing Address		
Street Address:		
Street Address 2:		
City:	State:	Zip:

### Acceptance and Authorization

I, \_\_\_\_\_, as the credit card holder, authorize Aleo Lighting, Inc. to keep my credit card on file for the payment of all services and fees. Applicants may revoke this credit card on file by submitted a written request or email. A new form must be submitted if any information such as credit card expirations or authorized users is amended. Applicants agree to pay the cost for any returned or challenged payments. I understand and consent to the use of my credit card without my signature on the charge slip, that an electronic copy or fax of this authorization agreement will serve as an original, and this Credit Card On File Authorization cannot be revoked. **I also understand that there will be a 3% Credit card processing fee.**

Signature:	
Print Name:	Date:

PLEASE ACCOMPANY THIS FORM WITH A COPY OF YOUR DRIVER'S LICENSE OR PHOTO ID.

#### Aleo Lighting, Inc.

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