

Credit Card Payment Authorization Form

Sign and complete this form to authorize **Moon Shine Lamp and Shade, LLC** to debit to your credit card listed below.

By signing this form you give permission to debit your account for the amount of your invoice on or after the date signed. This includes any changes made to your original invoice.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.