



1-213-455-8155

www.ls1inc.com
billing@ls1inc.com

**CREDIT CARD AUTHORIZATION FORM
FOR PAYMENT OF ORDERS AND ACCOUNT**

INSTRUCTIONS

- PRINT OUT BLANK FORM
- COMPLETE FORM WITH BLACK OR BLUE INK PEN
- MAKE SURE THE ENTIRE FORM IS SIGNED AND COMPLETED
- RETURN THE ORIGINAL COMPLETED FORM TO US BY:

- FAX - ATTN: CREDIT CARD - 213-634-1515

OR

- EMAIL: Billing@ls1inc.com

LIGHT SOURCE 1, INC.
707 Wilshire Blvd Suite 4125
Los Angeles, CA 90017

LIGHT SOURCE 1, INC.

CREDIT CARD AUTHORIZATION FORM FOR PAYMENT OF ORDERS AND ACCOUNT

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Use this form to authorize Light Source 1, Inc. to bill your credit card only once and only for the amount currently due. PRINT BLANK FORM and complete with black or blue ink pen before mailing. Please PRINT clearly. INCOMPLETE FORMS CANNOT BE PROCESSED. Remember to fill out ALL INFORMATION.

BUSINESS INFORMATION

LEGAL BUSINESS NAME:		DBA NAME:
CARD HOLDER FIRST NAME:		CARD HOLDER LAST NAME:
PHONE:	FAX:	E-MAIL:
CREDIT CARD BILLING ADDRESS:		
CITY:	STATE:	ZIP CODE:
WEB SITE:	DATE BUSINESS COMMENCED:	

I _____ authorize Light Source 1, Inc. to charge on my credit card the following: \$ _____
(Amount to be charged)

CREDIT CARD INFORMATION

Regulations pertaining to credit card purchases require Light Source 1, Inc. to obtain the following information in order to process any credit card purchases without physical possession of the card and the embedded information on the magnetic strip. You are authorized to charge my invoices to the following credit card each billing period:

CREDIT CARD TYPE:	CREDIT CARD NUMBER:
CARD EXPIRATION DATE: MONTH _____ YEAR _____	CARD ID# _____ (REQUIRED FOR YOUR SECURITY)

NOTE: This form must be completed, signed and faxed to 213-634-1515 before automatic recurring credit card billing can begin.

INCOMPLETE FORMS CANNOT BE PROCESSED

For American Express Cards, it's the 4 digits located on the front of the card.

For Visa or MasterCard, it's the 3 digits on the back of the card.



AGREEMENT

I certify that I am authorized to sign this form on behalf of my company. I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter into this one time billing agreement with Light Source 1, Inc. I authorize Light Source 1, Inc. to run an address verification search. This verification process is a security measure designed to protect me, the client, from illegal fraud against my credit card. This form will be kept on file and remain in effect until the expiration date or specifically revoked in writing. It is the responsibility of the person named above to submit a new form and notify us of a new expiration date when a credit card has been renewed or a card has been revoked, canceled or stolen.

Please note: All sales are final. No material is to be returned without written permission. Our responsibility ceases when the goods have been given to the client.

AUTHORIZED SIGNATURE: _____ DATE: _____