



**Corporate Address:**  
4 Neshaminy Interplex Drive  
Suite 107 Trevose, PA 19053

**Telephone:**  
215-512-7000

## CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled or line of credit has been approved via the credit application.

Please note there is a **3% percent processing fee** that will be applied to this purchase order.

Please send this file to [orders@envoylighting.com](mailto:orders@envoylighting.com). Be sure to save this file for your records.

<b>CREDIT CARD INFORMATION</b>	<b>PO#:</b> _____
<b>Card Type:</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____	
<b>Cardholder Name (as shown on card):</b> _____	
<b>Card Number:</b> _____ <b>SEC Code:</b> _____	
<b>Expiration Date (mm/yy):</b> _____	
<b>Credit Card Billing Zip Code:</b> _____	

I, \_\_\_\_\_, authorize Envoy Lighting to charge my credit card above for agreed upon purchases including all freight charges associated with this purchase order. I understand that my information will be saved to my account for future transactions.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date