

CREDIT CARD AUTHORIZATION FORM

I _____ authorize *Classic Lamp Parts LLC* to charge my credit card.
(NAME)

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____

(As it appears on card)

SIGNATURE

DATE

FAX OR EMAIL TO:

CLASSIC LAMP PARTS
Accounting@ClassicLampParts.com
Fax (323) 446-7534
Phone (323) 282-7041

DO NOT WRITE BELOW. FOR COMPANY USE ONLY.

NOTES:

