

Lighting Plastics Solutions

RETROFIT SPECIALISTS

Credit Card Payment Authorization Form

Instructions: To pay by credit card, please complete the information below.

CREDIT CARD HOLDER INFORMATION

Please check credit card type:

- Visa
- MasterCard
- Discover
- American Express

Invoice Number: _____

P.O. Number: _____

Credit card number: _____

Exp. date : _____ / _____ (mm/yy) *V-Code: _____

Exact name as it appears on the credit card: _____

Billing Address: _____

City: _____ State: _____

Billing Zip Code: _____ Amount to be charged: \$ _____

Primary phone number: _____ Secondary phone number: _____

Cardholder Signature: _____

Date: _____

Do you want this information to be kept on our records for future payments?

- Yes
- No

*V-Code: Three to four digit validation code found on the back of the credit card

Contact Information

Email: info@mylpsolutions.com

TAMPA BAY

800-587-3310
727-446-2451 fax

CENTRAL FLORIDA

800-682-4197
407-398-1003 fax

SOUTHEAST

800-548-9101
770-817-7021 fax

NORTHEAST

877-619-9596
856-661-2447 fax