



TECHLIGHT

CREDIT CARD AUTHORIZATION FORM

DATE: _____

RE: PAYMENT OF TECHLIGHT INVOICES

TO: COLLECTIONS / ACCOUNTS RECEIVABLE

FROM: _____

Please complete this form and return to Techlight at the fax number 214-350-0594

I, _____ authorize D.A.Schoggin Inc (dba Techlight / Dallas Pole)

to charge my credit card account for payment of invoices or orders pending.

Amount: \$\$ _____

Credit card account number: _____

Expiration date: _____

Security Code: _____

Name on Credit Card: _____

Address where you receive your credit card statement:

Authorized Signature: _____

P.O. REFERENCE: _____

INVOICE NUMBERS: _____