

CREDIT CARD AUTHORIZATION FORM



DATE: _____

RE: PAYMENT OF TECHLIGHT INVOICES

TO: COLLECTIONS / ACCOUNTS RECEIVABLE

FROM: _____

****YOU CAN ALSO PAY ONLINE VIA THE LINKS BELOW WITH ACH OR CREDIT CARD.****

Utilize “ ***PAY NOW*** “ tab/link on Techlight website (<https://techlight.com/>) to make payment.

As of: December 1 , 2022 , we no longer accept American Express nor Discover Credit Card Payments!

THANK YOU.

PLEASE COMPLETE THIS FORM AND RETURN TO TECHLIGHT AT THE EMAIL: TLAR@TECHLIGHT.COM

I, _____ authorize D.A.Schoggin Inc (dba Techlight) to charge my credit card account for payment of invoices or orders pending.

AMOUNT: \$\$	CREDIT CARD NUMBER:	EXPIRATION DATE:	SECURITY CODE
NAME ON CREDIT CARD:		ADDRESS WHERE YOU RECEIVE YOUR CREDIT CARD STATEMENT:	

AUTHORIZED SIGNATURE: _____

PO. REFERENCE:	INVOICE NUMBERS:
----------------	------------------