



585-A Commonwealth Boulevard
Port Orange, FL 32127

(386) 788-5091

(800) 537-5144

Fax: (800) 318-2168

Credit Card Authorization Form

Fax or email to accounting@shadenlight.com.

Amount: _____

Side Mark: _____

Invoice: _____

Customer Name: _____

Card Info

Card Number: _____

Cardholders Name: _____

Exp: _____

CVV: _____

Zip: _____

Email Address: _____

A credit card convenience fee of 3.99% for Visa, Mastercard, Discover, and American Express will be applied to all transactions. This fee is charged to cover the processing costs associated with credit card payments. Please note that this fee does not apply to other payment forms such as cash or check.

I authorize Shade & Light, Inc. to charge my credit card for the order listed above. By signing below, I agree to pay charges associated with the invoice for this purchase according to card issuer agreement.

Authorized User Signature: _____

Date: _____