



# Shade & Light Window Fashions Credit Card Authorization Form

Email the completed form to [accounting@shadenlight.com](mailto:accounting@shadenlight.com) or fax it to (386) 788-2696

## Transaction Details:

- **Amount:** \_\_\_\_\_
- **Invoice Number:** \_\_\_\_\_
- **Side Mark:** \_\_\_\_\_

## Customer Information:

- **Customer Name:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

## Card Information:

- **Card Type:** Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_
- **Card Number:** \_\_\_\_\_
- **Cardholder's Name (as on card):** \_\_\_\_\_
- **Expiration Date (MM/YY):** \_\_\_\_\_
- **CVV:** \_\_\_\_\_
- **Billing Zip Code:** \_\_\_\_\_

By signing below, I authorize Shade & Light Window Fashions to charge my credit card for the amount listed above. I acknowledge that:

- A 3.99% credit card convenience fee will be added to the total to cover processing costs.
- This fee does not apply to payments made by cash or debit cards.
- I agree to pay all charges associated with this invoice according to the card issuer agreement.

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Date**