TEL 818.853.8000 - FAX 323.450.1250
12224 MONTAGUE STREET - PACOIMA - CA - 91331

CREDIT CARD AUTHORIZATION

At the time of reservation, the credit card provided will be charged a 50% deposit to hold your order. The balance will be charged two business days before your order is scheduled to leave our warehouse. Any remaining balances including add-ons, loss or damage will be charged upon the return of your order. A 3% processing fee will be added to all credit card charges. If applicable, this agreement also authorizes the card holder as a third-party sponsor payer responsible for all charges corresponding to the invoice listed.

ACCOUNT/COMPANY NAME | CUSTOMER NAME | INVOICE NUMBER

PHONE NUMBER | EMAIL ADDRESS

CREDIT CARD INFORMATION

◯ VISA ◯ MASTER CARD ◯ AMEX ◯ DISCOVER

CREDIT CARD NUMBER | EXP DATE | CVV#

NAME ON CARD | EMAIL | PHONE

BILLING ADDRESS | CITY | STATE | ZIP

KEEP ON FILE FOR FUTURE ORDERS? ◯ YES ◯ NO

I, _____ , hereby authorize Line 204/Angstrom Lighting to charge my credit card account for the deposit and final charges for the stated invoice number on this form. I understand it is my primary responsibility to pay in full any and all outstanding financial obligations to Line 204/Angstrom Lighting in connection with the order, including but not limited to future change orders and lost/damaged items. I understand these charges will appear on my credit card statement and I accept full financial responsibility for payment of the order above under the terms and conditions of the order contract.

SIGNATURE | PRINT NAME | DATE

3RD PARTY AGREEMENT (if applicable)

I, _____ , a third party sponsor, hereby authorize Line 204/Angstrom Lighting to charge my credit card account for the deposit and final charges for the stated invoice number on this form. I understand it is my primary responsibility to pay in full any and all outstanding financial obligations to Line 204/Angstrom Lighting in connection with the order, including but not limited to future change orders and lost/damaged items. I understand these charges will appear on my credit card statement and I accept full financial responsibility for payment of the order above under the terms and conditions of the order contract.

SIGNATURE | PRINT NAME | DATE

PHOTOCOPY OF DRIVER'S LICENSE & CREDIT CARD (FRONT & BACK) MUST ACCOMPANY FORM