

## Credit Card Authorization

Due to high credit card fraud we require this form be filled out in its entirety and emailed or faxed back to the number listed below. Your information is confidential!

### Credit Card / Debit Card Authorization

I, \_\_\_\_\_, hereby authorize Lumilum, LLC to charge my

Credit card / Debit card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_



In the Amount of \$\_\_\_\_\_ for the order # \_\_\_\_\_

Cardholder Name \_\_\_\_\_  Personal  Corporation

If Corporation, Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Please scan and email, or fax back with:

1. Copy of the front and back of your card.
2. Copy of your driver license to verify your signature / identity.
3. Contact name / phone number \_\_\_\_\_ \*in case of questions

We must have a contact name / number in order to process your card!

I authorize the above charge to my credit card.

Signature \_\_\_\_\_