



Lux Doors, Corp.
Tel: (844) 999-2626
Fax: (323) 892-2626
Address: 2746 Vail Ave. Commerce, CA 90040
Email: Info@luxdoors.com

Credit Card Authorization Form

Date: _____ **Company Name:** _____
Invoice/Estimate#: _____ **Customer Name:** _____

I authorize Lux Garage Doors, Corp. to charge my personal/company credit card for the amount below to pay invoice/estimate number above.

Card Type (please circle): VISA MASTERCARD AMEX DISCOVER

Last 4 Digits: _____ Total Amount: \$ _____

Billing Address: _____ **Shipping Address:** Check box if shipping same as the Billing Address

Name: _____
Street: _____
City/State/Zip: _____
Tel: _____

Name: _____
Street: _____
City/State/Zip: _____
Tel: _____

Signature: _____ **Date:** _____

Notes:

- Visa, Master Card, American Express & Discover require Billing Address Verification and only allow us to ship to a verified alternate address.
- Any remaining balance on invoices will be charged in full once the order is ready for delivery using the credit card authorized.
- Many credit cards only allow shipping to the verified billing address. If your card issuer does not accept alternate shipping addresses, we can only ship to the verified billing address. (P.O Box address will not be accepted as a billing or shipping address)

for security purposes this portion will be cut and disposed after the transaction

Name on Card: _____

Card Number: _____ - _____ - _____ - _____

Security Code: _____ Expiration Date: _____ / _____