

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: Comp	pany Name:
Invoice/Estimate#: Custo	omer 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: Check box if shipping same as the Billing Address	
Name:	Name:
Street:	Street:
City/State/Zip:	City/State/Zip:
Tel:	Tel:
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	n Date: /