



**ABOVE ALL LIGHTING & BULBS Inc.**  
**ALLBulbs.com**  
**TRUEcolorGel.com**

**Credit Card Authorization**

Complete & sign the form below. By signing this form you give Above ALL Lighting & Bulbs Inc. permission to debit your credit. In order to proceed with the order, it is necessary to have a completed credit card authorization form.

I, \_\_\_\_\_  
(full name)  
 authorize Above All Lighting & Bulbs Inc. to charge my credit card account and agree with the payment terms and conditions.

Billing Address: \_\_\_\_\_ Phone# \_\_\_\_\_  
 City, \_\_\_\_\_ Cell # \_\_\_\_\_  
 State, \_\_\_\_\_ Zip Code, \_\_\_\_\_ E-mail: \_\_\_\_\_

Account Type:	Visa	MasterCard	AMEX	Discover
Cardholder Name	_____			
<u>Account Number</u>	_____			
Expiration Date	_____			
CVV2 (3 digit number on back of Visa (or) MC, 4 digits on front of AMEX)	_____			

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company. This payment authorization is for goods/services.