TECHNO USA LLC
1580 BOGGS ROAD, SUITE 500,
Duluth, GA - 30096
Phone: 678-456-4810
www.technoledlights.com

CREDIT CARD AUTHORIZATION

Customer Information

Contact Name: _____

Telephone: _____

Email: _____

Address: _____

_____

_____

PO/QUOTE REF#: _____

Or Invoice#: _____

Please fill out, scan and send completed form via:

Fax:
678-456-4811

Mail:
1580 Boggs Road, Ste 500
Duluth, GA-30096

Email:
sales@technoledlights.com

Any information sent via E-Mail or Fax is not secure and is being transmitted at sender's own risk.

Credit Card Account

Account Type: __ VISA __ MASTERCARD __ DISCOVER __ AMEX__OTHER

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry Date: ☐☐☐☐☐☐☐☐

Security Code: ☐☐☐☐

Cardholder Name: _____

Address: _____

_____

☐ As the credit card holder, I would like to keep this credit card on file and authorize Techno USA LLC to charge my credit card for future purchases approved by me verbally or in writing.

It is the Customer's responsibility to inform TechnoLED of any changes to the billing address, expiration date and/or changes to the card holder's name of credit card account provided.
Any information provided in this form will be used for the completion of this transaction only and will be destroyed after completing the purchase.

Processing fees are assessed as below:
Visa, Master and Discover cards - 2%
American Express and International cards - 3.5%
Payment for past due invoices - 4%

Your completion of this authorization form helps us to protect you, our valued client, from credit card fraud. Techno USA LLC will keep all information entered on this form strictly confidential.

Authorization
I authorize TECHNO USA LLC to debit the credit card account provided above for the purchase of product by the above Customer. I also understand that this authorization will remain valid and continue until I cancel such authorization in writing.

Authorized Signature: _____ Date: _____