

# Credit Card Authorization

## LOWING LIGHT & GRIP

Your West Michigan source for Lighting and Camera support

Fax 616-249-8947

Office 616-530-7440

Toll Free 888-530-7440

Web [LowingLight.com](http://LowingLight.com)

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COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CARDHOLDERS NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

I, \_\_\_\_\_ Hereby authorize my  
signature below, purchases(s) and/or rental(s) of merchandise from Lowing Light and  
Grip LLC to be charged to my:

CARD TYPE \_\_\_\_\_, CARD NO. \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_, SECURITY CODE: \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_, DATE \_\_\_\_\_