



**KAL-LITE®**  
**Credit Card Authorization Form**

Please email the completed Credit Card Authorization Form to:  
brianb@kal-lite.com or judyc@kal-lite.com

Date: \_\_\_\_\_

Customer: \_\_\_\_\_

Address: \_\_\_\_\_ (This address must match the billing address for the card.)

\_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

PO # \_\_\_\_\_

PO Date: \_\_\_\_\_

Dollar Value (USD): \_\_\_\_\_

Name on CC: \_\_\_\_\_

Check One: Visa  M/C  AMEX

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

I hereby authorize Kal-Lite Division to charge this credit card for goods to be received as ordered on the above referenced purchase order. All goods will be shipped FOB, Bow, N.H. (03304) unless otherwise specified.  
The credit card will be charged upon shipment of this order.

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C C Number: \_\_\_\_\_

3 Digit # on back of card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

4 Digit # on front of card: \_\_\_\_\_