

## CREDIT CARD PAYMENT FORM

Please provide the following information if you would like us to process your payment using a credit or debit card.

Send or email to: heather@shadowandlightcorp.com or Fax: 720-306-2353

Company or Persons full Name: \_\_\_\_\_

I (we) authorize Shadow & Light Corporation here in after call COMPANY, to initiate this one time debit/credit to my (our) Credit Card account indicated below and at the depository financial institution named, hereafter called DEPOSITORY, and to debit the same to such an account. I (we) acknowledge that the origination of credit card transactions to my (our) account must comply with the provisions of the U.S. law. This authorization is for the payment of the stated amount on the accompanying invoice only which is provided quarterly via e-mail. Your account will only be drafted to pay the amount listed on your order invoice and will remain in full force and effect.

Cardholder: \_\_\_\_\_

(As it appears on Card/Please Print)

Or Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ (Of Charge Card)

Street Address: \_\_\_\_\_ (Where You Live)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount To Be Charged: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Type of Card:    Visa    Mastercard    Discover    (circle one)    (Do Not Take American Express Card)

Expiration Date: \_\_\_\_\_ CVN (security code):

\_\_\_\_\_ (back of card)

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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