



Credit Card Authorization Form

Name on the card: _____

Type of card: Visa Master Card

Account Number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

Order/Invoice Number: _____

Item(s) Purchased: _____

Amount to be charged: _____

By signing this form you authorize Unique Iron Lighting/Old World Traditions to charge your card for the amount above.

Signed: _____

Date: _____

Please email or fax back to:
uniqueironlighting@gmail.com
fax: 760-888-8906