



Corporate Address:
4 Neshaminy Interplex Drive
Suite 107 Trevose, PA 19053

Telephone:
215-512-7000

CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. Please note there is a **3% percent processing fee** that will be applied to your order.

Please send this file to **ORDERS@Lumencia.com** and **VERLETTE@Lumencia.com**. Be sure to save this file for your records.

CREDIT CARD INFORMATION			
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____			
Card Number: _____ SEC Code: _____			
Expiration Date (mm/yy): _____			
Business Address: Cardholder ZIP Code (from credit card billing address): _____			

I, _____, authorize **Lumencia** to charge my credit card above for agreed upon purchases including freight. I understand that my information will be saved to file for future transactions on my account.

Customer Signature Date