

Eralux

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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.

Company Information

Company Name

Key Contact

Credit Card Information

Card Type

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

Cardholder Name(as shown on card)

Card Number

Expiration Date(mm/yy)

CVC Code

Card Billing Address

Zip Code

Payment (3% Surcharge for Credit card payment)

Revolving

\$

I authorize Eralux to charge my credit card above for agreed upon purchases, I understand that my information will be saved to file for future transaction on my account.

Customer Signature

Date