



Credit Card Authorization Form

Your completion of this authorization forms helps us protect you, our valued customer, from credit card fraud. All information entered on this form will be kept strictly confidential.

Please print, fill out and fax this form to 1-800-268-3704. Card holder must sign on the line indicated. We reserve the right to verify the provided information with your Credit Card Issuing Bank.

Card Holder Name: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Credit Card Information:

Card Type: VISA MASTERCARD

Credit Card #: _____

Exp. Date: ____/____ CVV Code: _____

I understand the company policy and hereby authorize Nanolux Technology, Inc. to charge my credit card account for all in bound orders and applicable shipping and handling charges. I agree to be bound by Nanolux Technology, Inc. policies, terms and conditions.

Signature: _____ Date: _____