



LUMINAIRE TESTING LABORATORY, INC.

SUSTAINING
MEMBER
of the
IESNA

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CREDIT CARD AUTHORIZATION FORM

COMPANY NAME: _____

NAME ON CARD (IF DIFFERENT THAN ABOVE): _____

CREDIT CARD TYPE:

VISA

MASTERCARD

AMEX

DISCOVER

CARD NUMBER: _____

CID# (ONLY IF DISCOVER CARD): _____

EXPIRATION DATE: _____

ADDRESS NUMBER OF BILLING ADDRESS: _____

ZIP CODE OF BILLING ADDRESS: _____

AMOUNT OF SALE: _____

SIGNATURE: _____