



Divisions of TROY-CSL LIGHTING, INC.

MANUFACTURERS OF DECORATIVE, ARCHITECTURAL, & SPECIFICATION LIGHTING PRODUCTS

Date:

Account #:

Customer Name:

Please accept this letter as authorization to charge my **VISA/MASTERCARD**:

CARD NUMBER: _____

EXPIRATION DATE: _____

AMOUNT: \$ _____ USD

SIGNATURE-CREDIT CARD HOLDER: _____

PRINTED FULL NAME-CREDIT CARD HOLDER: _____

ADDRESS (MUST MATCH CARD BILLING ADDRESS):

NUMBER/STREET: _____

CITY: _____

STATE/PROVINCE: _____

ZIP CODE/POSTAL CODE: _____

TELEPHONE NUMBER: _____

\$100.00 MINIMUM FOR CREDIT CARD PAYMENTS

PLEASE RETURN VIA FAX DIRECTLY TO THE CREDIT DEPT.:

626.934.6430