



Luxon Communications

The clear choice.™

1425 Laurelwood Road, #5

Santa Clara, CA 95054

408-654-9046

Instructions

1. Print the form and fill out the blanks completely and legibly with a dark pen.
2. Sign with the credit card holder's signature on the line indicated.
3. Fax the completed form and a photocopy of the front and back of the signed credit card to: (732) 601-9046

Credit Card Authorization Form

I, _____, hereby authorize Luxon Communications to charge my credit card account in the amount of \$_____.

Card Type: ___ VISA ___ MasterCard ___ American Express ___ Discover

Card Number: _____

Expiration Date: ____/____ Card code: _____

Credit Card Billing Address:

Street Address 1: _____

Street Address 2: _____

City: _____

State: _____ Zip: _____

Country: _____ Telephone: _____

Requested Shipping Address:

Street Address 1: _____

Street Address 2: _____

City: _____

State: _____ Zip: _____

Country: _____ Telephone: _____

Cardholder's Signature: _____ Date: _____