

---

---

1869 Moffat Blvd., Manteca, CA 95336 • **HEADQUARTERS** • Office 209.824.5500 Fax 209.824.5575

---

---

## Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV: \_\_\_\_\_ (last 3 digits located on the back of the card or 4 digits located on the front of the Amex)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize \_\_\_\_\_ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. **Please note, there is a 3% transaction fee when using a credit card.**

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Return the completed and signed form to the following:**

1st Light Energy, Inc./1st Light Sales Corp  
Attention: Briona Schneider, Accounting Department  
[BSchneider@1stle.com](mailto:BSchneider@1stle.com)

Please write legibly and ensure that management has signed off on your request