

# MIGHTY GRIP AND LIGHTING, LLC

819 NW 57<sup>th</sup> Street  
Fort Lauderdale, FL 33309  
(954) 914-4164

## ONE TIME CREDIT CARD AUTHORIZATION FORM

Please sign and complete this form to authorize *Mighty Grip and Lighting, LLC* to make a one-time charge to your credit card or debit card listed below.

By signing this form, you give *Mighty Grip and Lighting* permission to charge your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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### Please complete the information below:

I \_\_\_\_\_ authorize **Mighty Grip and Lighting, LLC** to charge my credit card  
(FULL NAME)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(AMOUNT) (DATE)

\_\_\_\_\_  
(DESCRIPTION OF GOODS OR SERVICES)

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

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type: (CHECK ONE) \_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX \_\_\_ Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

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

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.