



**High Contrast**  
LIGHTING & GRIP INC.

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3061 Philips Highway, Suite 106

Jacksonville, FL 32207

## Credit Card/ Phone Order Authorization Form

Company \_\_\_\_\_ Client \_\_\_\_\_

Job Name \_\_\_\_\_ Invoice # \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Card Type \_\_\_\_\_  
(Exactly as it appears on card)

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ V Code \_\_\_\_\_  
(Month/Year) (on back of card)

Card Holder Billing Address \_\_\_\_\_  
(Exactly as it appears on monthly statement)

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*The execution of this form by Card Holder authorizes High Contrast Lighting and Grip, Inc. to charge the above mentioned card for all due fees and monies. Card Holder agrees to any additional fees incurred by High Contrast Lighting and Grip, Inc. upon Card Holder's dispute to its credit card company of any legitimate charges posted by High Contrast Lighting and Grip, Inc. At our discretion High Contrast Lighting and Grip, Inc. may impose an additional 3% surcharge for credit card transactions.*