



## Credit Card Form

If you wish to pay with your credit card, please fill in the following form and send it back to us by fax or e-mail

**TO:** ElectraLED, Inc.  
10990 49<sup>th</sup> Street North  
Clearwater, FL 33762

**Fax:** 727-561-7605

**E-mail:** [orders@electraled.com](mailto:orders@electraled.com)

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**1. Mark the appropriate box with an X:**

Discover       Master Card       Visa       AMEX

**2. Card Number:** \_\_\_\_\_

**3. Expiration Date:** (Month/Year) \_\_\_\_ / \_\_\_\_

**4. CVV Code:** \_\_\_\_\_

**5. Bill To zip code:** \_\_\_\_\_

**6. Full name of the Credit Card Holder (Please type or print):**

\_\_\_\_\_

**7. Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**8. Would you like a copy of your receipt?**     Yes       No

**If yes, please provide an email address or fax #:** \_\_\_\_\_

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\*For security purposes, ElectraLED does not keep any credit card forms on file.  
All forms are subject to shredding once the transaction is complete.