

LIGHTS ON
MINNEAPOLIS
Credit Card Authorization Form

Card Holder Name: _____

**Credit Card
Billing Address:** _____

Street Address

City

State

Zip Code

Contact Phone # _____ **Cell #** _____

Card Type Visa MC AMEX

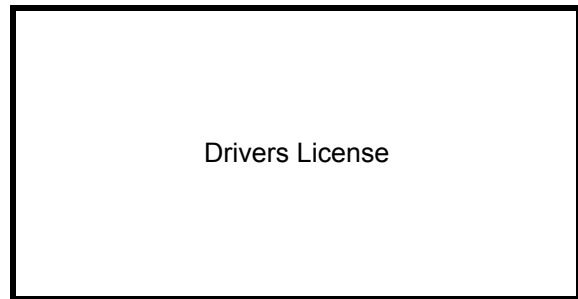
Card # _____

CVC # _____

Exp Date: _____ / _____

Email Address _____

Photocopy this sheet with your credit card and driver's license, sign below and fax to 612-331-6601



Signature _____