

Credit Card Authorization Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | |  | | | | | | | Company Name: | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Name as it appears on Credit Card: | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Billing Address: | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| City: | | |  | | | | | | | | State/Province: | | | |  | | | Zip: | |  |
| Credit Card Type: | | | | | | | VISA | | | | | MasterCard | | | | | American Express | | | Discover |
|  | | | | | | | | | | | | | | | | | | | | |
| Credit Card Number: | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Exp. Date: | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Invoice/ Quote/ Reference #: | | | | | | | | | | | | |  | | | Authorized Amount: | | |  | |
| Select One: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | One-time charge only | | | | | | | | | | | | | | | | | | | |
|  | Authorize R&S Manufacturing and Sales Co. to keep on file for future approved payments\* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Please return the completed and signed form via fax (805) 375-3981 or e-mail accounting@RnSsales.com**  **Terms and Conditions:**  Credit card transactions are subject to a 1.5% service charge.  \*By accepting these terms, you authorize R&S Manufacturing and Sales Co., Inc. to charge the credit card indicated above on future orders with your approval. | | | | | | | | | | | | | | | | | | | | |