

3199 SW 42nd St, Fort Lauderdale, FL 33312 PH: 954-368-3889 FAX: 954-827-8386

CREDIT CARD AUTHORIZATION FORM Company Information LEGAL NAME OF BUSINESS OR INDIVIDUAL AUTHORIZING CHARGE (If corporation, list full corporation name). Physical Business Street Address (No P.O. Boxes) City Zip State **Business Phone** Fax No. **Credit Card Information** DISCOVER VISA MASTERCARD One time charge only Save for future use Credit Card Number 3 digit # on the back of credit card Name, exactly as it appears on your card: Invoice # Amount City / State Zip Street Mailing Address on File with Credit Card Company (If you are unsure please call your Credit Card Company). If this address is not correct, it will delay the shipment of your merchandise. If you are authorizing payment for another individual's order(s) using your credit card, please use this authorization form. List the names of each individual that you are authorizing to use your credit card as payment for merchandise. All other individuals are restricted from using your credit card for payment. Authorized User #1: Authorized User #2: The undersigned hereby declares that the credit information listed above is true, accurate and belongs to the person as stated and authorization is hereby given to the above named individuals to use this card for purchases from Ratel USA Inc. Further, I authorize my credit card company to accept and to charge to my account purchases initiated by the above named individuals. This authorization allows Ratel USA Inc. to continue to use this information and such information shall remain in full force and effect unless I revoke such authorization in writing.

Print Name Here

Signature of Card Holder