

CREDIT CARD AUTHORIZATION FORM

I authorize **RACKS 4 LESS** to charge my credit card for the following services rendered/items received. Not to exceed the amount shown.

NAME ON CARD: _____ (as it appears on card)

AMOUNT: _____

CREDIT CARD TYPE: _____

CREDIT CARD #: _____

CUSTOMER CODE: _____

EXP DATE: _____

BILLING ADDRESS: _____

(CONT) _____

BILLINNG ZIP CODE: _____

Please send authorization form to the following email for payment processing Jv.2452426@hotmail.com

For Invoices:

SIGNATURE

DATE