

## **Authorization to Charge Credit Card**

| Company:  |                                    |
|---|------------------------------------|
| Name on Card:   |                                    |
| Card Billing Address:   |                                    |
|   |                                    |
| Phone:  |                                    |
|   |                                    |
| ·   |                                    |
| Quote #:  | PO #:                              |
| *Amount of Sale:  |                                    |
| *PLEASE NOTE: All shipments are FOB Frederick, MD. Freight charges will be added and charged to the credit card at the time of shipment, and will include any difference between actual, and estimated, freight charges, if applicable. |                                    |
|   |                                    |
| Visa, MasterCard, AMX   | , or Discover (please circle one): |
| ☐ Check here if you wish to use this credit card for all orders placed with RCI.  |                                    |
| Credit Car  | rd #:                              |
|   | ate:                               |
| V Code (last 3 digits   | over                               |
| signature nera en back er e   | ard):                              |
| I agree to pay all product and shipping charges as indicated above.   |                                    |
| Signat  | ure:                               |
|   | Date                               |
| Please complete, sign, and return via fax to 301-620-9103   |                                    |
| Should you have any questions, please contact your Sales Rep, at 301-620-9130 or 800-546-4724: Sales Rep:   |                                    |
| Thank you for your order.   |                                    |
|   |                                    |