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Credit Card Authorization Form

Cardholder's Name: *(Exactly as It Appears on Card)* _____

Company Name: _____

Credit Card Billing Address: _____

Shipping Address: _____

Phone #: _____ Fax #: _____ Email: _____

Credit Card Type: Visa MasterCard American Express

Credit Card Account Number: _____

Expiration Date: _____

Visa / MasterCard: _____ (3 Digit Security Code Printed on Back of Credit Card).

American Express: _____ (4 Digit Security Code Printed on Front of Credit Card).

By signing below I, the cardholder agrees that the billing address above is valid and that I am the authorized card holder and signer for the above credit card. I understand and agree to the terms set forth in this agreement and am specifically authorizing R.O. UltraTec USA, Inc. to charge my Visa, MasterCard, or American Express Card. I further agree that in the event my credit card becomes invalid, I will provide R.O. UltraTec USA, Inc. with new valid credit card information. I also agree not to file a hostile chargeback without notifying R.O. UltraTec USA, Inc. ahead of time in writing and allowing for a resolution. In the event that the credit card on file is different or changed after receiving this form, the above credit card will be charged for any disputes along with a \$25 chargeback fee. As the credit card holder, I hereby authorize receipt of merchandise at the above shipping address.

If applicable, charge the amount of \$ _____ for Purchase Order #: _____.

Printed Name: _____ Title: _____

Cardholder's Signature: _____ Date: _____

(Optional) As the credit card holder, I authorize **R.O. UltraTec USA, Inc.** to charge my credit card for future invoices, due or past due, verbally approved by myself. Yes No

Authorization Valid Until: ____ / ____ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud.
All information entered on this form will be kept strictly confidential by **R.O. UltraTec USA, Inc.**

For R.O. UltraTec Use Only

Transaction Processed By: _____ Date: _____

Authorization #: _____