

1465 Slater Road
Ferndale, WA 98248-5007
1-800-678-0314
Fax -1-604-395-8225
trichard@rampionent.com



**** Credit Card Authorization Form ****

Visa , Amex or Mastercard Only

Date: _____ **Sales**
Rep: _____

Customer Account #

Company Name:

Card Holders Name:

Card Number :

Expiry Date: _____

Security code / CSV code _____

Phone Number: _____

Email

Address: _____

I authorize **Rampion USA Inc.** to use the designated card in reference to purchases made by the above named account.

a) Please process noted invoices only

b) Please process all invoices as the become due

c) I will contact Rampion when payment is to be processed

Card Holder Signature

12/28/20

- Page 2