



CREDIT CARD AUTHORIZATION FORM CREDIT/DEBIT AUTHORIZATION FORM

I, _____, with the company of _____ hereby authorize Raintrap to charge my credit card account in the amount not to exceed: \$ _____

VISA MasterCard American Express Discover

Credit Card Number: _____

Expiration: ____/____ VID Code: _____

Credit Card Billing Address:

Name on card: _____

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not U.S.) _____

Telephone: (____) _____ - _____

Email: _____

For sending electronic invoices.

_____/_____/_____
Cardholder's Signature Date

As the credit card holder, I also authorize Raintrap to charge my credit card for future purchases verbally approved by me. Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Raintrap will keep all information entered on this form strictly confidential.

www.raintrap.net