



Credit Card Authorization

Fax this form to (253) 238-1333

Company: _____ Contact: _____

Credit Card Number: _____ Verification Key: _____ Type: Visa
 MC

Issuing Bank: _____ Exp. Date: _____ / _____
month year

Name as it appears on credit card: _____

Authorized Shipping Addresses:

Shipments will only be made to the addresses shown. Use additional sheet to list additional addresses.

_____ _____ _____ _____
_____ _____ _____ _____

Please include a photocopy of the front and back of the credit card.

Copy of Credit Card Front

Copy of Credit Card Back

The following people are authorized to use this credit card on my behalf:

I understand that I am obligated to notify Rainier Designs if there are any changes in authorized users. I further understand and agree that my credit card account will be charged in the event my card is used by former authorized users unless I notify Rainier Designs in writing of any changes in authorized users. This application will be valid only during the valid date of the credit card and must be renewed at the expiration date.

Cardholder Signature

Telephone

Fax

Date