

Rapid Tag & Label, Inc.

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www.rapidtags.com

Credit Card Charge Authorization Form

SECTION 1: THIS SECTION TO BE FILLED OUT BY CUSTOMER - PLEASE PRINT CLEARLY

*COMPANY: _____ *CONTACT NAME: _____
*MAILING ADDRESS: _____ *EMAIL ADDRESS: _____

*FAX NUMBER: _____
*TELEPHONE NUMBER: _____ *All new customers must provide this information.

ALTERNATE SHIPPING ADDRESS (If different from credit card billing address):

*CUSTOMER MUST NOTIFY CREDIT CARD COMPANY OF ALTERNATE SHIPPING ADDRESS PRIOR TO RETURNING FORM

Name as it appears on Card: _____

Requested By: _____

Title/Position: _____

Card Type (Please Circle One):	Card Number	Exp. Date (MM/YY)
Mastercard/Visa	_____ - _____ - _____ - _____	___ / ___
American Express	_____ - _____ - _____	___ / ___

Charge Amount (US \$): \$ _____

SECURITY CODE (3 or 4 Digits) : _____

Cardholder Signature/Charge Authorization: _____

If you prefer to use this credit card for all future orders, please complete the following:

I, _____, authorize Rapid Tag & Label, Inc.
to use the above referenced credit card account for all future orders.

Cardholder Signature/Charge Authorization: _____

Date Authorized: _____

SECTION 2: THIS SECTION TO BE FILLED OUT BY RAPID TAG & LABEL

Acct/Cust No.: _____

Order Date: ___ / ___ / ___

Company Name: _____

Customer must complete section 1 only and fax back to Rapid Tag & Label at 201-337-5514.
CARD HOLDER'S SIGNATURE
AND THE 3 OR 4 DIGIT SECURITY CODE ARE REQUIRED TO PROCESS ANY CREDIT CARD TRANSACTION.