

# Rapid Tag & Label, Inc.

5 Fir Court, Suite 4, Oakland, NJ 07436 \* P (201) 337-5551 F (201) 337-5514  
www.rapidtags.com

## Credit Card Charge Authorization Form

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

\*Cardholder Name: \_\_\_\_\_ \*CONTACT NAME: \_\_\_\_\_  
\*Billing 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.