



APPAREL



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Phone 1-636-332-5636 Fax 1-636-887-4545
680B Parr Road Wentzville, MO 63385

Credit Card Payment Authorization Form

Sign and complete this form to authorize RK Stratman Inc to keep your credit card on file and to charge the card listed below. Select option on when to run: When Ships_____ When Due_____.

By signing this form you give us permission to debit your account in the amount of the balance due. Upon processing payment we will email or fax you a copy of the payment receipt for your records.

Please complete the information below:

I _____ authorize RK Stratman Inc to charge my credit card
(full name)

account indicated below directly when my account has a balance due.

Company Name: _____ Acct# _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Please ensure the above address is the same as the credit card billing address

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, _____)

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This form authorized RK Stratman Inc to keep my credit card on file and charge it when there is a balance due . I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.