RGG DISTRIBUTING, Inc.
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Credit Card Authorization Form

I, _____, hereby authorize RGG Distributing, Inc. to charge my credit card account not to exceed: $_____.

( ) VISA ( ) Master Card ( ) American Express ( ) Discover

Credit Card Number: _____ Name on Card:_____
Expiration Date: _____/_____ CVV Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

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

Telephone: (_____) _____-_____

Requested Shipping Address:

Street: _____

City: _____ State:_____

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

Telephone: (_____) _____-_____

As the credit card holder, I authorize receipt of goods & services at the shipping address above:

_____ _____/_____/_____
Cardholder's Signature Date

As the credit card holder, I also authorize RGG Distributing, Inc. to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: _____/_____ Initials Here: _____

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