

E-mail: <u>customerservice@redhorsesigns.com</u>

Phone **1-800-905-4258** 

## Credit Card Authorization Form

	your credit card unless this form is con nt to charge. Red Horse Signs accepts \	
Company/organization name: _	А	Acct#
1,	, hereby author	ize Red Horse Signs to
charge my credit card account i	n the amount of \$	for my PO#
Expiration Date:	_ ( ) Visa ( ) MasterCard	
Credit Card # Visa/Master	Card	Sec. Code
WE DO	NOT KEEP CREDIT CARDS ON FILE. take credit card information over the ph	none.
Name (as it appears on your statement)		
Billing address on your stateme	nt:	
City	, State	ZIP
Cardholder's Name (PRINT)	Signature	
	nature required if emailed past due invoices, please complete the	e following:
Invoice #	Amount to pay: \$	Full Amt?
Invoice #	Amount to pay: \$	Full Amt?
Invoice #	Amount to pay: \$	Full Amt?
For Office use only:		
Authorization #		
Notes:		