



CREDIT CARD AUTHORIZATION FORM

31 Nicola Drive \* Headingley, MB \* ph: 204-632-5360 \* fax: 204-632-5364 \* tollfree: 866-632-5360

Legal Business Name: \_\_\_\_\_
Billing Address: \_\_\_\_\_
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
Phone Number: \_\_\_\_\_ Business/GST #: \_\_\_\_\_

Standard Shipping Address
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

\* All orders will be shipped to this location unless otherwise specified on the order

Phone \_\_\_\_\_ Fax \_\_\_\_\_
Buyer Name \_\_\_\_\_ Email \_\_\_\_\_
Accts Payable Name \_\_\_\_\_ Email \_\_\_\_\_

CREDIT CARD INFORMATION (ALL FIELDS REQUIRED)

Card Type (Select One) o Visa o Mastercard o American Express
Name on Card \_\_\_\_\_ Business Name on Card \_\_\_\_\_
Card Billing Address \_\_\_\_\_
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_
Card # \_\_\_\_\_ CSV Code \_\_\_\_\_ Exp Date \_\_\_\_\_

Select one of the following Payment Options

- o This card will remain on file, and will be charged with approval for all orders going forward. (OR:)
o PO# \_\_\_\_\_ (Card will be charged one time only). (OR:)
o This card will remain on file and will "automatically" be charged for all orders going forward

\*\*\*Please note we are unable to provide refunds onto credit cards\*\*\*

\*\*\*Please note that there is a 2% processing fee for credit card payments made 10 days after invoicing\*\*\*

EMAIL ADDRESS FOR DIGITAL NOTIFICATIONS

Order Acknowledgements \_\_\_\_\_
Invoices (Shipment Notifications) \_\_\_\_\_

I am an authorized representative of the above named company, have ready this credit card authorization form, and give permission to charge the above card. I acknowledge that RSC Inc does not accept third-party credit cards and that all RSC Terms & Conditions apply.

X \_\_\_\_\_
(Please print full name) (Title)

Signature \_\_\_\_\_ Date: \_\_\_\_\_