



Credit Card Authorization Form

Company Name: _____

Address: _____

Phone: _____

Fax: _____

Contact Name: _____

Email Address: _____

Card Type: _____ Visa _____ Mastercard

Card Number: _____

Security Code: _____

Expiration Date: _____

Name On Card: _____

Card Billing Address: _____

I Authorize Rockland Embroidery to charge the credit card listed above for the full amount of my purchase. I understand and agree that if granted net terms by Rockland Embroidery any invoices not paid within 30 day net terms can be charged to my credit card.

Signature: _____

The card will be charged after shipment has been made. The charge will appear on your card statement as Rockland Embroidery.