

RASTA IMPOSTA
P.O. BOX 7
600 EAST CLEMENTS BRIDGE ROAD
RUNNEMEDE, NJ 08078
Phone: (856) 939-9599 Fax: (856) 939-5990

CREDIT CARD AUTHORIZATION AGREEMENT

Select Method of Payment: Visa Master Card American Express Discover

Credit Card Number: _____

Expiration Date: _____ CVV code: _____

Cardholder's Name as it Appears on Card: _____

Billing Address for Card: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Company Name: _____

Company Address: _____

Company Phone Number: _____

The undersigned hereby authorizes RASTA IMPOSTA to charge the above referenced credit card to keep on file and use to satisfy payment on invoices with credit card terms. In the event a charge is not honored, the undersigned personally guarantees all payments on invoices.

Authorized Signature: _____ Date: _____

Print Name: _____