

# Credit Card Authorization Form



I, \_\_\_\_\_ authorize  
**RAMAYAN SUPPLY INC;** to charge my credit card for services rendered and product supplied  
however not to exceed the amount shown below.

<b>INVOICE NO.</b>		<b>CUSTOMER ID</b>	
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<b>AMOUNT</b>		<b>USD</b>
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<b>CREDIT CARD TYPE</b>	<b>VISA</b> <input type="checkbox"/>	<b>MASTERCARD</b> <input type="checkbox"/>	<b>DISCOVER</b> <input type="checkbox"/>
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Please Select your Card Type

<b>CREDIT CARD</b>	
<b>CARD CV2 NO.</b>	
<b>EXPIRATION DATE</b>	
<b>BILLING ADDRESS</b>	
<b>BILLING ZIP CODE</b>	
<b>EMAIL ADDRESS</b>	

Do you need your receipt? \_\_\_\_\_ if yes, please provide your Fax No. (\_\_\_\_\_) \_\_\_\_\_  
Should I keep your credit card on file for future payment? Yes / No If so, please provide a copy of credit card front and back along with picture ID.

<b>Authorized Signature</b>		<b>Date</b>	
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**For Company Use Only** \_\_\_\_\_  
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