

Credit Card Authorization Form

Submit to:

Instructions:

Card Holder's Signature

Print and Complete Form Radiant Manufacturing 1.) Sign where indicated **Accounts Receivables** 2.) 3.) Submit completed form by fax or Fax - 877.778.3330 email Email - sales@radiantmfg.com Card Holder's Name: **Email Address: Telephone Number: Billing Address:** Billing Address 2: City: State/Province: **Postal Code:** Country: I authorize Radiant Mfg. to charge my credit card the following amount: PO/Invoice #: for **VISA** MC Discover **AMEX** Credit Card #: **Expiration Date: Verification Code:**

Date (mm/dd/yyyy)