



1-800-64-RACKS

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Orlando: 7213 Sandscove Court, Unit 7, Winter Park, Florida 32792 • Ph 407-657-3900 • Fax 407-657-1800

Credit Card Authorization Form

Company Name: _____

Card Holder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax Number: _____

Email Address: _____

Credit Card: Visa _____ Master Card _____

Credit Card No: _____ Exp. Date: _____

Amount Authorized: _____ VCode: _____

Quote # _____ Invoice # _____

Name of Authorized Card Holder _____

Any Special Instructions: _____

Instructions Cont: _____

This letter is to Authorize Got-Rack.com formerly Allpoints Equipment Co. to use the following credit card per the following instructions: You the customer must fill out the form in its entirety. Faxing the information back to Got-Rack.com authorizes the amount to be charged. Only the authorized user of the credit card can sign this authorization. Customer agrees by signing, to all the terms of this authorization.

Signature: _____ Date: _____