

GOT-RACK.com

EVERYTHING FOR THE WAREHOUSE

5210 Causeway Blvd. Tampa Florida 33619 • Ph 813-246-5800 • Fax 813-246-5858

1-800-64-RACKS

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 _____ AMX _____

Credit Card No: _____ Exp. Date: _____

Amount Authorized: _____ VCode: _____

Quote # _____ Invoice # _____

Name of Authorized Card Holder _____

Any Special Instructions: _____

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. I understand that I will be charged a 3% (three percent) processing fee of the total sale. Customer agrees by signing, to all the terms of this authorization.

Signature: _____ Date: _____