

Cardholder Name: _____

Credit Card Number: _____

Amount: _____

Expiration Date: _____

Order Number: _____

Billing Address: _____

Phone Number: _____
(Associated with credit card)

(Address where monthly credit card statements are received)

Brief description of the goods or services provided: _____

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card, for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions. I also authorize charges to my credit card for any future orders shipped to the billing address above or the shipping address on the original order stated above.

Fax a legible completed form to 262-938-5952 or email a legible completed form to custserv@rcslot.com. The completed form must include a legible impression of the physical credit card.

Signature: _____

Printed Name: _____

Date: _____

Please Imprint Card (This is required to process your order)

If card is embossed (has raised lettering), place your card under the paper and using a pencil shade in the area to imprint
If the card is not embossed provide an image of the front and back of the credit card.

Please Imprint Card Here (Photocopy not acceptable)

EXPIRATION	QUAN.	CLASS	DESCRIPTION	PRICE	AMOUNT
<input checked="" type="checkbox"/> DATE CHECKED					
DATE		AUTHORIZATION		SUB TOTAL	
REFERENCE NO.			REG./DEPT.	TAX	
FOLIO/CHECK NO.			SERVER	CLERK	TIPS / MISC.
SALES SLIP				TOTAL	

MERCHANT COPY

PURCHASER SIGN HERE

X

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

MERCHANT COPY