

Credit Card Authorization



Date:

Credit Card Information

Card Type:

Master Card Visa Card Discover Card Amex Other

Cardholder Name (as shown on card):

Card Number:

Expiration Date (mm/yy)

CVV:

Cardholder Zip (from credit card billing address):

Email Address for Receipt:

I, _____, authorize Rapid Cure Technologies, Inc. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date