



The Rag Place, Inc.
 13160 Raymer Street
 North Hollywood, CA 91605
 818.765.3338 • FAX: 818.765.3860
 www.theragplace.com

CREDIT CARD AUTHORIZATION REQUEST

Name on Credit Card: _____

Credit Card Type and Issuing Bank: _____

Address Where Credit Card is Billed: _____
Street Address

City, State , Zip
 Card No.: _____ Expiration Date: _____

Verification Code*: _____

**Amex Card:* This is the 4 digit number on the front side of the card above the account number.

**Visa and MasterCard:* This is the last 3 digits on the signature strip on the reverse side of card.

I HEREBY AUTHORIZE THE *RAG PLACE, INC.*, TO AUTHORIZE THE ABOVE CREDIT CARD FOR FULL PAYMENT OF ALL OR ALL ORDERS PLACED BY ME AND/OR MY COMPANY. WHEN SIGNED, THIS DOCUMENT WILL SERVE AS "SIGNATURE ON FILE" FOR ALL ORDERS IN MY NAME AND/OR IN THE NAME OF MY COMPANY.

THIS AGREEMENT MAY BE TERMINATED BY EITHER PARTY WITHIN 30 DAYS WRITTEN NOTICE OR UPON THE EXPIRATION DATE OF THE CREDIT CARD, WHICHEVER OCCURS FIRST. ANY OUTSTANDING BALANCE OWED CAN AND WILL BE CHARGED TO MY CREDIT CARD. IN THE EVENT NO FURTHER CHARGES CAN BE PROCESSED ON MY CREDIT CARD, FOR ANY REASON, I AGREE TO BE PERSONALLY RESPONSIBLE TO PAY THOSE CHARGES TO *THE RAG PLACE, INC.* UPON DEMAND.

Cardholder Signature: _____ Date: _____

Driver's License No.: _____ State & Expiration: _____

Sales Order No.: _____