



CREDIT CARD AUTHORIZATION FORM

Date: _____

I, _____, certify that I am the authorized holder and signer of the credit card referenced below. I hereby authorize **RSK Distributors** to charge my credit card referenced below in order to pay for all goods and services purchased. Authorization is effective beginning on the date below and continues until I request, in writing, that no further charges be assigned to this card.

Credit Card Type: Visa Mastercard

Card Holder Name (As it appears on Card): _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ **Credit Card Verification Code:** _____

Credit Card Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

***** Please attach a copy of the Credit Card (front and back) and fax back to (704) 998 5301. *****

PAST DUE BALANCES WILL BE SUBJECT TO LATE PAYMENT FEES. APPLICANT AGREES TO PAY ANY COLLECTION COSTS INCURRED TO COLLECT THE AMOUNT BALANCE, INCLUDING REASONABLE ATTORNEY'S FEES.

THE SIGNATURE BELOW IS AS IT APPEARS ON MY CREDIT CARD. I HEREBY AUTHORIZE RSK DISTRIBUTORS TO CHARGE MY CREDIT CARD FOR ORDERS PLACED BY MY AGENT OR MYSELF TO THE CARD LISTED ABOVE.

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNED AND AGREED

DATED ON

RSK Distributors Inc. #1025-1026, 401 N. Tryon Street, Charlotte, NC 28202
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