



## CREDIT CARD PAYMENT AUTHORIZATION FORM

As the cardholder, I authorize RICHARDSON SPORTS, Inc. to charge the credit card account number below for orders that have been / will be shipped to us:

Dealer Name: \_\_\_\_\_

Visa/MasterCard/Discover/AMEX #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

Billing address of cardholder: \_\_\_\_\_

Zip code: \_\_\_\_\_

Authorized signature of above cardholder:

\_\_\_\_\_

Date \_\_\_\_\_