



Printing & Promotional Products

RANGER ASSOCIATES, INC.

688 Florida Central Parkway • Longwood, FL 32750

office 407.869.0024 • fax 407.869.6982

www.rangeronline.com

CREDIT CARD AUTHORIZATION FORM

I _____ representing _____
(Name) (Company)

authorize Ranger Associates to process a credit card transaction on my:

METHOD OF PAYMENT:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

(Please circle the credit card you wish to use.)

ACCOUNT NUMBER: _____ EXP DATE: _____

SECURITY DIGIT NUMBER ON FRONT OR BACK OF CARD _____

NAME AS IT APPEARS ON CREDIT CARD: _____

BILLING ADDRESS: _____

AS PAYMENT ON INVOICE NUMBER: _____

IN THE AMOUNT OF/NOT TO EXCEED: \$ _____

(This is the amount to be processed on the account for this transaction.)

SIGNATURE OF CARDHOLDER: _____

DATE: _____