

Once you've completed this form in it's entirety, please print it and you may either:

1) Scan it and email to shop@rangeronline.com

2) Fax a copy to 407-869-6982

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

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

ACCOUNT NUMBER: EXP DATE:

SECURITY DIGIT NUMBER ON FRONT OR BACK OF CARD: CVV#

NAME AS IT APPEARS ON CREDIT CARD:

BILLING ADDRESS:

CITY: STATE: ZIP CODE:

AS PAYMENT ON INVOICE NUMBER / PURCHASE ORDER:

IN THE AMOUNT OF/NOT TO EXCEED: \$

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

SIGNATURE OF CARDHOLDER:

DATE:

