

**Credit Card Authorization Form**

RT Wholesale, LLC  
1804 S. 5th Street, Suite C  
Leesville, LA 71446  
214.251.5551

Please complete all fields. You may cancel this authorization at any time by contacting us.

This authorization will remain in effect until cancelled.

<b>Credit Card Information</b>
Credit Card Type:    Mastercard    Visa
Card Holder Name:
Card Number:
Expiration Date: (mm/yyyy)
Security Code:
Cardholder Zip Code (From Credit Card Billing Address):

I, \_\_\_\_\_,

authorize **RT Wholesale, LLC**. To charge my credit card above for agreed upon purchase. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date