

RAP LLC Credit Card Authorization Form

Please print out and complete this authorization and return to us.

All information will remain confidential

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ MC ___ Discover ___ Amex

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Purchase order number: _____ Amount to charge: _____

Tail Number: _____

Core charge amount: _____ The core charge will not be charged unless the core is not returned within 10 days.

I authorize RAP LLC to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Card holder – Print Name, Sign and Date below:

Signed: _____

Dated: _____

Name: _____

Once signed return the completed form to gross@rapllcparts.com