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CREDIT CARD AUTHORIZATION FORM

Authorization Agreement

I, _____ hereby authorize the use of my credit card.

Customer ID: _____

Name of Business: _____

Name on Card: _____

Billing Address: Street / Apt # / Unit #

Billing Address: City, State, Zip

Phone Number: _____

Credit Card Number _____ - _____ - _____ - _____
EXP: ____/____ CVC: _____

Signature

I hereby certify that all of the information contained here within is accurate and may be used as payment for sales now and in the future.

(Authorized Signature) Date: _____

This form must be completed fully and returned to RBP/Pilot, Inc with a COPY of the Credit Card being used (Front and Back) and Driver's License of the OWNER of the Credit Card.