

**RAGE ENTERPRISES, INC.
dba LATEST RAGE**

905 TAVERN ROAD
UNIT #4
ALPINE, CA 91901
[619]445-7553 TEL [619]445-4036 FAX
E-MAIL sales@latestrage.net

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM

I AUTHORIZE LATEST RAGE TO CHARGE MY BILL DIRECTLY TO THE CREDIT CARD LISTED BELOW:

COMPANY NAME

CUSTOMER ID #

NAME ON CREDIT CARD (*EXACTLY AS APPEARS ON CARD*)

BILLING ADDRESS FOR CREDIT CARD

(*THIS ADDRESS MUST BE ON FILE WITH THE ISSUING BANK.*)

SHIP TO ADDRESS IF DIFFERENT THAN BILLING ADDRESS

(*THIS ADDRESS MUST BE ON FILE WITH THE ISSUING BANK.*)

CREDIT CARD NUMBER (*MASTER CARD, VISA, DISCOVER ONLY*) / EXPIRATION DATE

3 DIGIT CVV NUMBER (*REQUIRED*)

THIS AUTHORIZATION IS VALID UNTIL I PROVIDE YOU WITH WRITTEN CANCELLATION.

SIGNATURE

TODAY'S DATE

PRINT NAME