



# Roth Concept Innovations, LLC ("RCI") CREDIT CARD AUTHORIZATION FORM

CUSTOMER # \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ (AS IT APPEARS ON CARD)

CREDIT CARD TYPE \_\_\_\_\_ (VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS)

CREDIT CARD # \_\_\_\_\_ CARD CVV2 # \_\_\_\_\_ (REQUIRED)

EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/YYYY)

DEALER NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ FAX NO. \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ SHIPPING ADDRESS \_\_\_\_\_  
(MUST MATCH CC)

BILLING CITY, STATE \_\_\_\_\_ SHIPPING CITY, STATE \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_ SHIPPING ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FFL # \_\_\_\_\_ RESELLERS # \_\_\_\_\_ STATE \_\_\_\_\_

SPECIAL INSTRUCTIONS

\_\_\_\_\_  
\_\_\_\_\_

I authorize **Roth Concept Innovations, LLC ("RCI")** to charge my credit card for all orders I place.  
Note: Credit card statement will show charge as "Xrailbyrci.com".

\_\_\_\_\_  
AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Roth Concept Innovations, LLC**  
3825 E Calumet St STE 400-173  
Appleton, WI 54915  
Phone: 920-585-6534 FAX: 920-731-6660