



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

CUSTOMER # _____ ORDER # _____

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 the order # above.

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

Confidential