



**RASMUSSEN IRON WORKS, INC.**  
 12028 E. Philadelphia St. Whittier, CA 90601 U.S.A.  
 (562) 696-8718 FAX: (562) 698-3510  
 info@rasmussen.biz www.rasmussen.biz

**Credit Card Authorization Form**

I \_\_\_\_\_ (name) representing \_\_\_\_\_ (customer name)  
 authorize RASMUSSEN IRON WORKS, INC. to charge the below credit card in accordance with the  
 following authorization:

Please Check One Box (required)

- This authorization is valid for this transaction only.  
 The transaction amount will be \$ \_\_\_\_\_ (transaction amount required)
- Recurring Payments: This authorization is valid for [yearly] [quarterly] [monthly] [weekly]  
 (circle one) transactions, the transaction amount will be \$ \_\_\_\_\_ (transaction amount  
 required)
- This is an open authorization to allow debits to my account for amounts which will vary per  
 transaction based on the order amount.

I certify that I am the authorized account holder for this credit card. I understand this is a legally binding  
 agreement between RASMUSSEN IRON WORKS, INC. and,  
 \_\_\_\_\_ (customer name) and I will receive a copy of each credit card receipt  
 after each time the card is charged.

This agreement will remain in effect until RASMUSSEN IRON WORKS, INC. receives my written  
 notice of cancellation or change via mail, fax or email (to rett@rasmussen.biz).

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Type of Card:  Amex  Discover  MasterCard  Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Security Code (AMEX = 4 digits on front of card; all others, last 3 digits on back of card): \_\_\_\_\_

Address to which the credit card statement is sent:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_