



R O D O L P H

CREDIT CARD AUTHORIZATION FORM

(Please fax to 707-935-0190)

I _____ hereby authorize RODOLPH, Inc.
Print Cardholder Name

To debit my [] VISA [] MASTERCARD

ACCOUNT NUMBER: _____ EXP DATE: _____

CREDIT CARD BILLING ADDRESS ZIP CODE: _____

CVV* CODE: _____ * Located in signature area on back of card

MY BILLING ADDRESS FOR THIS CARD IS:

Address _____

City _____ State _____ Zip _____

Tel _____ Fax _____

I hereby authorize RODOLPH to charge orders, not to exceed \$_____.
Initial I understand that my total transaction will include applicable documentation fees, shipping and handling that may not be fully known at this time.

I hereby authorize payment in the amount of \$_____ for the following:
Initial

- Project Name: _____
RODOLPH Order #: _____(required)
Sales Rep Ref #: _____
Fabric Selection: _____

I am fully aware that no merchandise can be returned without RODOLPH's prior consent. All return requests must be filed in writing within 10 days of receipt of goods. A 25% re-stocking fee will be charged for all returned fabric; 50% on special orders; 100% on custom orders. I agree that in the event there is any dispute; I will not reverse the credit card charges, but will work directly with RODOLPH's representative to resolve the issue.

Cardholder Signature _____ Date _____