



RWS Information Systems Credit Card Authorization Form

FAX this completed form to: (949) 334-1599

PLEASE NOTE:

You can complete this form on-screen, and then print it so that you can sign it and fax it back.

Thank you for placing your order with RWS Information Systems.

Since we are a 'card not present' merchant, our credit card company requires that we submit a Billing Address as well as the Security Code (CVV) on all credit card transactions that we process.

Please fill out **ALL 9 FIELDS below** and fax the completed form to us (fax: 949-334-1599).

The order will be processed as soon as we receive this signed copy approving the charge to your credit card, and will be shipped to the address shown below.

\$ _____ I authorize that my credit card be charged this amount.

(1) Authorized Amount

_____ **(2) Credit Card Number**

_____ **(3) Security Code***

_____ **(4) Expiration Date**

*3-digit code found on the back of Visa/Mastercard, or 4-digit code on the front of American Express card

_____ **(5) Print Name** (as it appears on the card)

_____ **(6) BILLING Address for the credit card** (including street address, city, state & postal code)

_____ **(7) SHIPPING Address if DIFFERENT than Billing Address** (street address, city, state & postal code)

_____ **(8) Signature** (authorizing charge to your credit card)

_____ **(9) Today's Date**