



3840 Lagrange Street Toledo, Ohio 43612

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PRE-AUTHORIZATION FOR CHARGE CARD

I authorize RAMKO DISTRIBUTORS, INC to keep my signature on file and to charge my VISA/MASTERCARD account for:

_____ This one-time charge _____ All charges this calendar year

I understand that this form is valid for only one year unless I cancel the authorization through written notice to Ramko Distributors, Inc.

Signature: _____

Date: _____

Business Name: _____

Cardholder's Name: _____

Billing Address: _____

_____ CITY STATE ZIP

Cardholder's Telephone: _____

Shipping Address: _____

_____ CITY STATE ZIP

Drop Shipping Allowed? _____ (Yes/No)

Card type: Credit Card Debit Card

Authorized Purchasers: _____

Credit Card Number: _____ Visa Mastercard Discover

Expiration Date: _____ Card Verification Code: _____

Cardholder's Signature: _____ Date: _____

Issuing bank name: _____

Bank telephone (800) number on back of card: _____