



3840 Lagrange Street Toledo, OH 43612

Phone 419-470-1802

Fax 419-470-1801

Email: info@ramkodist.com

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 year calender year

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

Sign Here: _____

Customer Name: _____

Business Name: _____

Card Holders Name: _____

Billing Address: _____

_____ CITY STATE ZIP

Cardholders Telephone: _____

Shipping Address: _____

_____ CITY STATE ZIP

Drop Shipping Allowed: _____ (Yes/No)

Authorized Purchasers: _____

Account Number: _____ Mastercard Or Visa

Expiration Date: _____ Card Verification Code: _____

Cardholders Signature: _____ Date: _____

Added Authorized Signatures:

_____	_____
Name	Name
_____	_____
Signature	Signature

Issuing Bank Name: _____

Bank Address: _____

CITY	STATE	ZIP
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Bank Telephone (800) # On Back Of Card: _____