



CREDIT CARD PAYMENT AUTHORIZATION FORM

As the cardholder, I authorize RICHARDSON SPORTS, Inc. to charge the credit card account number below for orders that have been / will be shipped to us:

Dealer Name: _____

Visa/MasterCard/Discover/AMEX #: _____

Expiration date: _____

Name of cardholder: _____

Billing address of cardholder: _____

Zip code: _____

Authorized signature of above cardholder:

Date _____