



CREDIT CARD AUTHORIZATION FORM

Credit Card **MUST** be a company credit card or the personal card of a owner, principal, or officer of the company

To be completed by customers participating in the Rexus Corp Credit Card Guaranty Program.

Customer Information:

• Customer Account No.: \_\_\_\_\_

Company Name: \_\_\_\_\_

Credit Card Information:

• Card Type:  MasterCard  Visa  American Express  Discover

• Card No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_ | \_\_\_\_ Card ID# \_\_\_\_\_

• Cardholder's Name: \_\_\_\_\_ (As it appears on card)

• Card Billing Address: \_\_\_\_\_

\_\_\_\_\_ (City), \_\_\_\_\_ (State), \_\_\_\_\_ (Zip Code)

• Phone No: ( ) \_\_\_\_\_ - \_\_\_\_\_ Bank No: ( ) \_\_\_\_\_ - \_\_\_\_\_

In order to verify your eligibility for credit please attach a current statement for the credit card above.

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I authorize Rexus Corp. to charge/debit purchases of product to the above credit card if such purchases are not paid within the terms of the Credit Card Guaranty Program. I represent and warrant that the information contained herein is true and accurate and agree to notify Rexus Corp immediately in the event any such information is no longer true and accurate. This authorization will remain in effect until Rexus Corp receives written notice of cancellation. I agree to pay a two percent (2%) Default Fee if my charge card is used to pay invoices which are past their due date. Any and all sales shall be subject to Rexus Corp terms and conditions of sales, as may be amended from time to time. I authorize Rexus Corp to obtain information about me and my company from credit reporting agencies and other sources Rexus Corp deems appropriate.

\_\_\_\_\_  
Cardholder's Printed Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

Fax completed form to 909-598-5515  
Or email to [ar@rexususa.com](mailto:ar@rexususa.com)

Please include the ship to address if it's different from the above billing address:

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