

**R&O ACTIVE WEAR**  
320 W. Larch Rd. Unit 10  
Tracy Ca. 95304  
Phone (510)255-3456      Fax (209) 835-0187

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**Credit Card Authorization**

Please complete all of the following information. To ensure correct billing, all information should be printed clearly. In addition, a copy of the card holder's driver's license and the front and back of the credit card is required. ***Fax all information back to (209) 835-0187 or a scanned copy to info@roactivewear.com .***

Type of Credit Card: Visa    Mastercard    American Express    Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3 Digit pin (4 digit for American Express) \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Business Name: \_\_\_\_\_

Billing Address of Cardholder: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax: \_\_\_\_\_

Persons authorized to make purchases from R&O using this credit card:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

I, \_\_\_\_\_, the authorized signatory on the above referenced credit card, do hereby authorize R&O Active Wear to charge my credit card for the amount of the purchase today and for future purchases, unless notified in writing prior to any shipment. I also allow the above named persons to use my credit card and agree to pay for orders placed by them.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_