



## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

### Credit Card Information

Card Type:  MasterCard  VISA  Discover  AMEX

Other \_\_\_\_\_

Cardholder Name (as shown on card):  
\_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy):  
\_\_\_\_\_

Cardholder ZIP Code (from credit card billing address):  
\_\_\_\_\_

I, \_\_\_\_\_, authorize: Rain Agent Capital, LLC. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on behalf of my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date