



CustomTieDowns, Inc.
2750 Industrial Ave
Hubbard, OR 97032
DBA: Rack-Strap, Inc.

CREDIT CARD AUTHORIZATION

All information provided on this Credit Card Authorization form will remain confidential between CustomTieDowns, our Credit Card Processor and the Card Holder. As noted in CustomTieDowns Privacy Policy, no credit card information will be stored electronically on our servers for the sake of security.

Cardholder Name: _____

Company Name (if different from Card Holder) _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Country _____

Email (for receipt only): _____ Phone: _____

Credit Card Number: _____

Expiration Date: ____/____/____

Card Identification Number: _____

3-digit number for Visa/Mastercard/Discover

Use Card For (circle one): All Purchases / One Time Use *4-digit number for Amex*

I authorize, CustomTieDowns, Inc., to charge the credit card provided herein, for products or services contracted rendered. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. ** Please note that billing will appear on credit card statements as "CTIEDOWNS".

Cardholder – Sign and Date Below

Signature: _____ Date: ____/____/____

Once signed, return the completed form by e-mail, fax or mail to:

CustomTieDowns, Inc.
2750 Industrial Ave
Hubbard, OR 97032

Email: sales@customtiedowns.com
Fax: 503-982-7022

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