



**Preferred Payment Method**

**PAYPAL / CREDIT CARD (Circle One)**

**PAYPAL AUTHORIZATION**

**PayPal address:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**CREDIT CARD AUTHORIZATION FORM**

**Name on Card:** \_\_\_\_\_

**Type of Card:** VISA / MASTER CARD / AMEX / DISCOVER / OTHER \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_/\_\_\_\_ **Security Code:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**By signing this form, you authorize ARMORED RIDGEBACK to invoice and charge you the agreed-upon invoice cost. This form authorizes ARMORED RIDGEBACK to store Credit Card information on File.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_