



ESTABLISHED 1885

CREDIT CARD AUTHORIZATION FORM

For your protection, we must have a completed authorization form on file in our office, before we can take any credit card information over the phone. **This form must also be accompanied by a copy of your card and valid driver's license.** Please complete this authorization form and return it to:

Randall Brothers - Atlanta: 665 Marietta St NW, Atlanta, GA 30313 or by fax: (404) 875-6102
Randall Brothers - Marietta: 2009 Dorsey Road, Marietta, GA 30066 or by fax: (770) 427-9720
Randall Brothers - Lawrenceville: 175 Buford Drive, Lawrenceville, GA 30046 or by fax: (770) 767-3360

I authorize Randall Brothers and its employees to use my Discover, Mastercard, Visa, or American Express credit card for purchases that I make or anyone I authorize on my behalf which is listed below.

Cardholder Name: _____ Signature: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Phone: _____

Credit Card Type: VISA MASTERCARD DISCOVER AMEX

Credit Card Number: _____

Expiration Date: _____ / _____ (Month / Year)

Card Verification Number (CVN): _____

For Discover, Mastercard, and Visa – This is the last 3 digits on the back of the card.
For American Express – This is the four digits on the front of the card.



Other authorized users on your card: