

RUG RATS Credit Card Authorization Form

Please provide the following information:

Name as it appears on credit card:

Credit Card Billing Address:

Type of Credit Card: **VISA** **Master Card**

Credit Card Number: _____

Expiration Date: _____ **CVV (Security Code)** _____

I hereby give permission to charge my credit card for the amount of _____.

By Signing Below, I agree to all terms and conditions as stated on our website, rugratsva.com

Sign _____

Date _____

Fax to: 888-406-0311

Or mail to:

Rug Rats

5280 Meherrin Rd

Meherrin, Va 23954