



5016 IL Route 173  
Richmond, IL 60071  
P: 815.678.3271  
F: 815.678.2254

Credit Card Authorization Form

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I am authorizing RHC Paintball Field to charge our credit card to pay the following:

Total Amount: \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Once this credit card is charged, RHC Paintball Fields is committed to send to us a copy of the credit card receipt via regular mail, or e-mail.

Our credit card information is as follows:

CARD TYPE: VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER \_\_\_\_\_ AMEX \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

THREE OR FOUR DIGIT NUMBER IN SIGNATURE BOX ON BACK OF CARD \_\_\_\_\_

\_\_\_\_\_  
CLIENT SIGNATURE