



AUTHORIZED AGREEMENT FOR CREDIT CARD PAYMENT TO
RUSSELL VENTURES, INC.

ACCOUNT NAME: _____

RUSSELL VENTURES REFERENCE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PAYMENT TYPE (Check One) Visa Master Card

3 Digit CVC Code _____ (back of card) Purchasing Card: Yes No

NAME SHOWN ON CARD: _____

BILLING ADDRESS: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ AUTHORIZED AMOUNT: \$ _____

AUTHORIZED SIGNATURE ON CARD: _____

This authority is for the amount indicated above only. Further transactions will require an authorization for by **DEPOSITORY** per transaction.

NAME(S): _____

(PLEASE PRINT)

CONTACT PHONE NUMBER: _____ DATE: _____

**322 Northpoint Parkway, Suite D
Acworth, GA 30102**

Phone: 678-574-9805 Fax: 678-574-9808 Web: www.russellventures.com