



ROLA Games, LLC.  
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### Credit Card Authorization Form

By completing this form you, \_\_\_\_\_, authorize, ROLA Games, to submit charges to this card and maintain this credit card information on file. The amount to be charged & charge date will be indicated via email by the cardholder.

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### Credit Card Information

	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
<b>Cardholder Name</b>	_____	
<b>Credit Card Number</b>	_____	
<b>Exp. Date</b>	_____	
<b>CVV Code</b>	_____	

SIGNATURE \_\_\_\_\_ EXP. OF THIS AUTHORIZATION \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Please submit a copy of the cardholder's picture ID\***

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I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify ROLA Games, LLC, in writing of any changes in my account information or termination of this authorization at least 15 days prior to the credit card authorization expiration date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.