



CREDIT CARD AUTHORIZATION FORM

COMPANY NAME: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

CITY: _____

PHONE: _____

STATE: _____

ZIP: _____

ORDER NUMBER: _____

AMOUNT TO BE CHARGED: _____

Please initial one of the following options:

_____ I hereby authorize RW Collective to charge the above credit card for this **single transaction**.

_____ I hereby authorize RW Collective to **retain the above credit card on file** for future purchases.

Note: The RW Collective has implemented a processing fee for American Express payments that will be 3.5% of each invoice total. If you do not wish to be charged this fee, please update your card on file with the provided credit card authorization form. We want to express our gratitude for your continued support and apologize for any inconvenience caused by this change. If you have any questions, please do not hesitate to reach out to our team.

SIGNATURE: _____ DATE: _____

**For questions regarding this order, please contact
customerservice@therwcollective.com**

We appreciate your business!

THERWCOLLECTIVE.COM
(404) 433-2432
customerservice@therwcollective.com