



CREDIT CARD AUTHORIZATION

ROCKET MATERIALS, LLC
dba ROCKET READY-MIX
14115 Luthe Rd Ste 104
Houston TX 77039
Phone: +1 (346) 444-6862
www.rocketreadymix.com

 PLEASE SEND THIS FORM COMPLETED AND SIGNED TO ar@rocketreadymix.com

One (1) Time Charge – Sign and complete this form to authorize the merchant below to make a one-time charge to your credit card or bank account listed below.

File My Information – Sign and complete this form to authorize the merchant below to file your credit card or bank account for multiple purchases.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ AUTHORIZES ROCKET READY-MIX TO CHARGE MY
(FULL NAME)
CREDIT CARD INDICATED BELOW FOR \$ _____ ON _____
(AMOUNT \$) (DATE)

THIS PAYMENT IS FOR _____
(DESCRIPTION OF GOODS / SERVICES)

BILLING INFORMATION

BILLING ADDRESS: _____ PHONE #: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____

CREDIT CARD

VISA AMEX MASTER CARD DISCOVER
CARDHOLDER NAME: _____
ACCOUNT NUMBER: _____ EXP. DATE: _____ CVV: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing at ar@rocketreadymix.com of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

CARDHOLDER'S SIGNATURE: _____ DATE: _____
CUSTOMER NAME: _____ JOB NUMBER: _____