

Rain Bird® Visa and MasterCard

Charge Authorization Form

(Please type or print legibly and fax completed form to (520) 878-2405)

Company Name _____

Phone _____ Fax _____

Credit Card Billing Address _____

City _____ State _____ Zip Code _____

Country _____

Credit Card number: - - -

Credit Card Expiration Date: / /

Name of Credit Card Holder: _____

Name must be same as appears on card

Amount of charge in US Dollars (from order form): \$ _____

We the undersigned, _____, authorize **Rain Bird Services Corporation** to charge our Visa / MasterCard in the amount of \$ _____ US, effective _____ (today's date).

Signature of card holder: _____

Today's date: _____