



Credit Card Authorization Form

TO BE FILLED OUT BY CARDHOLDER

Dealer Name:	Account #:
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Type of Card: Debit or Credit Visa/Mastercard Discover American Express

Cardholders Name:
(as it appears on the card)

Credit Card #:	Expiration Date:
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Billing Address:	State:	Cardholders Phone:
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City:	Zip:	Cardholders Email Address: (if available / applicable)
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Is anyone else authorized to use this card as payment method on orders placed with O'Rourke Sales Company? Yes No

If Yes, who:	Relationship to Cardholder:
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If Yes, who:	Relationship to Cardholder:
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If Yes, who:	Relationship to Cardholder:
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THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS FORM

- Photocopy of the front and back of credit/debit card
- Photocopy of cardholder's drivers license

Cardholder acknowledges and agrees to the following

O'Rourke Sales Company (OSC) shall charge the card listed on this form as requested by cardholder or authorized users listed on this form. If there is any dispute regarding charges billed by OSC to your card, cardholder will contact OSC regarding such disputed charges and shall work with OSC in good faith to resolve the dispute. You agree that you will not submit a chargeback request related to any disputed charges until you have first attempted to resolve the issue directly with OSC as stated above.

X

Cardholder Signature Date

Completed form can be mailed, faxed or emailed to address below (include copy of card and drivers license)

O'Rourke Sales Company
 3885 Elmore Avenue Suite 100
 Davenport, IA 52807
 Phone: 563-823-3505
 Fax: 563-823-1534
 Email: ARACTION@orourkesales.com