

For first time customers, this form must be returned with impressed kit.

ROYAL ROCKS, INC.

3910 PARK AVENUE
SUITE 6
EDISON, NJ 08820

CREDIT CARD AUTHORIZATION FORM

Name as it appears on credit card:	
Billing Address (with zip code)	
E-mail Address	
Credit Card Type	<input type="checkbox"/> Visa/Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Credit Card Number	
Three Digit Security Code on back of the card (for American Express - 4 digits on the front of the card)	
Expiration Date (MM/YY)	

I, the undersigned, hereby authorize Royal Rocks, Inc. to charge the credit card above for payment of orders submitted for acrylic mineral bases. This form shall remain in effect until specifically revoked in writing. The undersigned also acknowledges that all orders may be immediately terminated at Royal Rocks' discretion if any charges are declined or charge backs are claimed against invoiced amounts. Questions or concerns about invoices should be directed to info@finemineralbases.com.

SIGNATURE

DATE

Email, Fax or Mail to:
Royal Rocks, Inc.
3910 Park Avenue
Suite 6
Edison, NJ 08820
Fax: 360-323-1753
Email: info@finemineralbases.com