



# ROTH Performance CREDIT CARD AUTHORIZATION FORM

Date \_\_\_\_\_ ORDER # (RCI ENTERS) \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ (AS IT APPEARS ON CARD)

CREDIT CARD TYPE \_\_\_\_\_ (VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS)

CREDIT CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/YYYY) CARD CVV2 # \_\_\_\_\_ (REQUIRED)

PHONE \_\_\_\_\_ Second PHONE \_\_\_\_\_

\*\*EMAIL ADDRESS \_\_\_\_\_

DEALER NAME (if one) \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

**(MUST MATCH CC)**

BILLING CITY, STATE, ZIP \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

**(IF WI, MUST ADD SALES TAX)**

SHIPPING CITY, STATE, ZIP \_\_\_\_\_

ORDER / SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_

I authorize **Roth Concept Innovations, LLC ("Roth Performance")** to charge my credit card.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:  
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**Roth Performance**  
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Kaukauna, WI 54130  
Phone: 920-585-6534

*Confidential*