

MAIN OFFICE

11220 Interchange Circle North
Miramar, Florida 33025
Phone: (954) 436-2118
Fax: (954) 435-4105
info@roc-off.com
www.roc-off.com



ATLANTA OFFICE

6064 Devonshire Dr.
Flowery Branch, Georgia 30542
Phone: (770) 330-8145
Toll Free: (877) 9STAGES (782437)

CREDIT CARD AUTHORIZATION FORM

____/____/200__

I, _____ from _____ authorize ROC-OFF PRODUCTIONS, Inc.

to charge my CREDIT CARD

VISA MASTERCARD AMERICAN EXPRESS

CARD # _____ Expiration Date: ____/____/____. Code: _____

Billing Address: _____

Invoice# _____ Estimate _____ Other: _____

Brief Description of Job:

Amount:	\$	Initials _____
4% Administrative Fee:	\$	Initials _____
Total amount to be charged:	\$	Initials _____

I, _____ DO HEREBY EXPRESSLY ACKNOWLEDGE THAT THE ABOVE REFERENCED CHARGE TO MY CREDIT CARD WAS AUTHORIZED BY ME, AND THE MERCHANT PROCESSING THE CHARGE AGAINST MY CARD WILL AND- OR HAS DELIVERED ALL OF THE PRODUCTS PROMISED TO ME, AND THAT THE PRODUCTS ARE COMPLETELY SATISFACTORY.

I, ALSO ACKNOWLEDGE THAT THE MERCHANT HAS NO FURTHER ONGOING OBLIGATIONS TO ME REGARDING THIS TRANSACTION. AND HEREBY RELEASE THE MERCHANT AND THEIR CREDIT CARD PROCESSING (FIRST DATA) FROM ANY LIABILITY WHATSOEVER REGARDING THE TRANSACTION.

I FURTHER ACKNOWLEDGE THAT THE ABOVE REFERENCED TRANSACTION IS FINAL AND NON-REFUNDABLE AND UNDER NO CIRCUMSTANCES WILL BE ISSUED A REFUND OR CREDIT TO MY CARD.

LASTLY, BY MAKING AN ACKNOWLEDGEMENT, I UNDERSTAND AND I AM WAVING ANY RIGHTS TO DISPUTE THE ABOVE REFERENCED TRANSACTION WITH MY CREDIT CARD ISSUER BASED ON NON-DELIVERY OF PRODUCT/ SERVICES. UNAUTHORIZED USE OF MY CREDIT CARD ACCOUNT, UNSATISFACTORY PRODUCTS/ SERVICES, NO INPRINT OF CREDIT CARD, NO REFUND ISSUED OR OTHER SIMILAR DISPUTED REASONS.

ACKNOWLEDGE AND AGREED:

Card Holder Name: _____ Card Holder Signature: _____

Date: _____

Please include copy of Credit Card on both sides & Driver License.