



# PAYMENT AUTHORIZATION FORM

RAD ELEC INC

5716-A Industry Lane

Frederick, MD 21704

info@radelec.com

## Contact Information

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Billing Email \_\_\_\_\_

Phone \_\_\_\_\_

## Credit/Debit Card Information

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ MM/YY \_\_\_\_\_ Security Code \_\_\_\_\_

Billing ZIP \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Authorization Date \_\_\_\_\_

Rad Elec requires  
full payment  
before fulfilling  
any purchase or  
service.

## Important Payment Disclosure Options

Please carefully read and select one (1) of the options below:

Email an invoice for physical check or ACH payment.

No Fee

I understand that I will need to remit payment in full prior to receiving my order.

Email an invoice with wire transfer instructions.

No Fee

I understand that I will need to remit payment in full prior to receiving my order.

Process card payment and then shred immediately.

3.99% Fee

I understand that a 3.99% surcharge will apply for each card payment.

Process card payment and retain for future purchases.

3.99% Fee

I understand that a 3.99% surcharge will apply for each card payment.