



Credit Card Authorization

This is to certify that, _____, give permission to Radiation Protection Products, Inc. to charge my credit card.

Card number: _____

Exp. Date: _____

Security Code: _____

Amount: \$ _____

Name on the card: _____

Billing Address: _____

Phone number: _____

Shipping Address: _____

Signature: _____ Date: _____

Thank you for your business and feel free to call with questions.

Sincerely,

Teresa Sadler

customerservice@rppinc.com

Credit Department

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