



**Return/Replacement of Merchandise
Credit Card Authorization Form**

I, _____ (printed name), hereby authorize

NuSign Supply to credit my VISA MasterCard American Express Discover Card

Credit Card Number _____

Expiration Date _____

Credit Card Billing Address: _____

Telephone Number: _____

I understand, agree and authorize the amount of \$ _____ will be credited to the above specified credit card on the below "Charge Date" unless the product identified below has been returned to NuSign Supply or a tracking number provided by the "Charge Date".

In the event the above card is charged after the "Charge Date" and later refunded due to return of merchandise, I understand there will be a 6% non refundable service charge to offset processing fees.

Cardholder's signature _____ Date: _____

Merchandise to be returned _____

RMA Issuance Date: _____

RMA Number: _____

Tracking Number: _____

Charge Date: _____