



Research & Marketing Strategies
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Credit Card Payment Authorization Form

Company: _____ Project #: _____

Project Description: _____

Name (as it appears on the card): _____

Street or P.O. Box: _____

City, State, ZIP Code: _____

Credit Card Type: VISA Mastercard American Express Discover

Card #: _____

CVN (Validation): _____ Expiration Date: _____

Invoice Number	Invoice Amount	+3% Convenience Fee	Total Amount to Be Deducted
	\$	\$	\$
TOTAL:			

- Reoccurring Payment
- One-Time Payment

I, the undersigned, authorize RMS, Inc. to charge my credit card specified above for all charges listed above. I also understand that I may cancel future charges by providing notice by email to info@RMSresults.com no later than 2 business days prior to any payment date.

Card Holder's signature _____

Date: _____

As agreed, return form to RMS fax only --- Fax# 315-720-1159

Ask. Listen. Solve.