



Research & Marketing Strategies  
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 RMSresults.com

## Credit Card Payment Authorization Form

Company: \_\_\_\_\_ Project #: \_\_\_\_\_

Project Description: \_\_\_\_\_

Name (as it appears on the card): \_\_\_\_\_

Name of person making payment: \_\_\_\_\_

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
	\$	\$	\$
<b>TOTAL:</b>			

Recurring Payment       One-Time Payment

Email address for receipt: \_\_\_\_\_

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](mailto: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