



## Credit Card Payment Update

As an effort to comply with security regulations and provide our customers with the convenience of payments by credit card, we are requesting updated credit card information. RFMS currently has a credit card on file for your payment plan and the following information is necessary to continue these payments:

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

Phone Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

(AMEX, Discover, MasterCard, Visa)

Expiration Date: \_\_\_\_\_ CVC/Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

I authorize RFMS, Inc. to charge the above credit card for services or products month to month around the 20<sup>th</sup> or for any past due balances on my account. I understand that my information will be saved to file for future transactions.

*For full agreement terms, contact our business office at 1-800-701-7367.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form to [orders@rfms.com](mailto:orders@rfms.com) or fax to 888-216-5730.