



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 20th 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 or fax to 888-216-5730.