



CREDIT CARD AUTHORIZATION

Date: _____

Company Name: _____

Company Representative Authorizing Payment: _____

Title: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Type of Credit Card: _____
(Visa, MasterCard, American Express)

Card Number: _____

Name on Credit Card: _____

Expiration Date: _____

Billing Address: _____

City, State, Zip Code: _____

Requested By: _____

Authorized By: _____

Email the completed form to RPSC Custer Relations Department at customerservice@rioplexsafetycouncil.com or fax to 956-618-2490.

Attention: Customer Relations

All receipts will be emailed. If email is not available, we will fax your receipt.

Authorized Signature: _____ Date: _____