



Recurring Credit Card Authorization Form

Account Name: _____

I authorize Rapid Systems, Inc. to initiate an electronic debit against my credit card account according to the terms outlined below. I acknowledge that the origination of debit transactions to my account must comply with the provisioning of United States law.

Terms of Billing

Starting the day the service is installed and to reoccur monthly on the 15th, until service is cancelled in writing per Rapid Systems, Inc. Terms of Service.

Credit Card Information

Company Name: _____

Customer Name: _____

Billing address Card: _____

Phone: () - Fax: () - Email: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

This payment authorization is to remain in full force and effect until I notify Rapid Systems, Inc. of its cancellation by sending written notice in such time and in such manner to allow both the Rapid Systems, Inc and receiving financial institution a reasonable opportunity to act on it.

Customer Signature: _____

Date: _____