



One Time Credit Card Authorization Form

I authorize Rapid Systems, Inc to initiate an electronic debit against my credit card 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

One time Authorization to be processed on the _____ day of _____, _____.

Amount

Bank Information

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing addressCard:

Customer Signature: _____

Date: _____

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