



*rf* Services, Inc.

**Credit/Debit Card Authorization Form (rev 071613)**

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

Type of Card (Circle One):    VISA                      Master Card                      Discover

Type of Card (Circle One):    Credit                      Debit

Card # \_\_\_\_\_

Expiration: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

If this is a debit card, does your bank have a daily limit? (Circle)    Yes                      No

If yes, what is the daily limit? \_\_\_\_\_

Cardholder Initials: \_\_\_\_\_ (Check box authorizing rf Services to keep on file)

Return this form via fax or email. By signing and returning this form, you authorize rf Services to use this form of payment for any open invoices immediately following shipment.

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