

# Authorization for RPM Group, to Accept Credit Card Payments for Products and Services

Dealership Name: \_\_\_\_\_

Dealership Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Type of Credit Card:  Amex  Visa  MasterCard  Discover

Card Holder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date:            Month \_\_\_\_\_            Year \_\_\_\_\_            Security Code \_\_\_\_\_

## Please Check the Option that Applies:

- I wish to make **Only** the **Monthly Dues** Payment with this credit card
- I wish to pay **ALL** invoices with this credit card
- I wish to keep this credit card **On File**, to be used only when authorization is given over the phone or in writing.

I do hereby authorize RMP Group, Inc. to charge my credit card as listed above, to pay for products and/or services rendered by RPM Group, Inc. I understand that the amounts charged to my credit card will be accurately reflected on invoices provided by RPM Group, Inc. This authorization is valid until such time as I provide written notice of cancellation of this agreement to RPM Group, Inc.

Card Holder Signature \_\_\_\_\_ Date: \_\_\_\_\_

**If you get a bill before your credit card payment goes into effect, please send in payment as requested. If you have any questions, please call our Accounting Department at (727) 369-3298**

Please fax completed form to (727) 369-3294

- or -

Mail to: Assurant Solutions/RPM Group  
400 Carillon Parkway, Suite 300  
St. Petersburg, FL 33742  
Attn: RPMG Accounting