

Rocky Mountain Tracking, Inc.
Automatic Credit Card Billing Authorization Form

Customer Information

Customer name: _____ Phone: _____ - _____ - _____

Company: _____ Title: _____
(If applicable)

Payment Information

I authorize Rocky Mountain Tracking, Inc. to automatically bill the card listed below as specified:

\$ _____ per unit
X _____ # of units
Total* \$ _____ Frequency: Monthly Quarterly Semi-Annually Annually
(circle one)

***PLUS THE AMOUNT OF ANY OVERAGE CHARGES INCURRED PER THE CONTRACT
(Informer, Rover, Discovery = \$.05 per update over plan; PT200 = \$.10 per update over plan)
*FEES THAT ARE DECLINED WHEN THE AUTO BILL RUNS ON THE 1ST OF THE MONTH WILL
BE SUBJECT TO A \$25 PROCESSING FEE
BILLING ENDS WHEN CUSTOMER PROVIDES WRITTEN CANCELLATION REQUEST**

Credit Card Information

Rocky Mountain Tracking, Inc. accepts the following credit cards:
Visa, MasterCard, American Express, Discover.

**Please provide information below as it is stated on statements
from your credit card company.**

Credit Card Type: _____ Credit Card#: _____

Expires: _____ CCV#: _____

Cardholder's Name: _____

Billing Address: _____ Phone#: _____

City: _____ State _____ Zip Code: _____

Authorized Signature: _____ Date: _____