

**NavIQ Mobile Activation/
Automatic Credit Card Billing Authorization Form**

Account Information

Customer/CompanyName: _____

Mobile Phone #:: _____

Username: _____

Password: _____

Email Address: _____

Contact Telephone: _____

Payment Information

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

Amount:* \$ _____ Frequency: _____
(Circle one) Monthly Quarterly Semi-Annually Annually

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: _____ *Zip Code:* _____

Authorized Signature: _____ *Date:* _____