



RKS Credit Card Agreement

Please fill in all fields and return via fax or e-mail

I agree to have RKS Business Services charge my card for the following goods or services provided by RKS Business Services, LLC. listed below:

Name _____
(Please print full name as it appears on credit card)

Credit Card MasterCard Visa Discover

Account Number _____

Expiration Date _____ (Month and Year)

CID Number _____
(3 digit number found on back of the card in the signature panel)

Date _____

Amount of Charge _____

I agree to be personally and corporately liable for all charges and fees assessed by above credit card processors for any returned or denied charges and associated return fees.

Signature of Card Holder _____

Print Name of Card Holder _____

Company (if applicable) _____

Title/Position _____

Card Holder Address _____

City, State, ZIP _____

Phone _____

Email _____



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