



Fax back to:
(800) 870-6877

Records Research, Inc

Payment—Direct Credit Card Authorization Form

Company Name: _____

Fax Number: _____

RRI Account Number: _____

I acknowledge that I have placed an order for service with Records Research, Inc. (RRI) and authorize RRI to charge my credit card in the amount shown below.

Payment Period (Check One)

One-time payment

Amount Authorized: \$ _____
For Invoices Dated:

Month	Amount
_____	\$ _____
Month	Amount
_____	\$ _____
Month	Amount
_____	\$ _____

Automatic monthly payment

At the end of each month you will be sent an invoice which shows items ordered and the balance due. On the 10th of every month, the balance shown on the invoice will be automatically charged to the authorized credit card. This authorization will remain in effect until RRI receives a written notice to terminate.

Type of Credit Card (check one) VISA Master Card

Name as seen on Credit Card _____

Credit Card Number _____

Expiration Date _____

3-digit code on back of card _____

Address Credit Card statement is mailed to (Street, City, State & Zip code)

Signature of Cardholder _____ Date _____

Print Name _____ Title _____

Direct Phone Number of Cardholder _____

Direct Email Address of Cardholder _____

RRI USE ONLY

