

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

***PLUS THE AMOUNT OF ANY OVERAGE CHARGES INCURRED PER THE CONTRACT**
(Informer, Rover, Discovery = \$.01 per update over plan)
(PT200, DeWalt Mobile Lock = \$.10 per update over plan)

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: _____