



Rocky Mountain Xtreme Credit Card Authorization Form

Fax Back to: +1 (403) 823-4090

Transaction Date: ____/____/____

Invoice Number: _____

Attn: _____

Purchase Description: _____

Amount of Purchase: _____

Please photocopy the front and back of your credit card, along with drivers license. Also, please fill in credit card information and sign in the space provided. Incomplete forms will not be processed.

<p>Front of Credit Card</p>	<p>Front of Drivers License</p>
<p>Back of Credit Card</p>	<p>Cardholder Name: _____ Cardholder Signature: _____ Card Number: _____ Expiry Date: _____</p>

Please fill out, sign, and return to RMX. This executed form provides written authorization for the above transaction to be processed on the Credit Card as provided. By signing this form the Cardholder agrees to pay the total amount shown to card issuer according to cardholder agreement. If you have any questions or concerns, please contact RMX at +1(403)823-9977.