



Return Completed Form to: accounting@rpg.com
Ph: 301.498.3225

CREDIT CARD / ACH AUTHORIZATION

Confidential

Company Name	Phone	Fax	
Billing Address	City	State	Zip Code
AP Contact Name	AP Email Address	AP Phone	
<input type="checkbox"/> Check here to receive your invoices from RPG electronically		<input type="checkbox"/> Check here if Purchase Orders are required	
TAX STATUS <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt (Attach exemption certificate)			
ACH or EFT AUTHORIZATION			
Name As It Appears On Account	Bank Name	Bank Address	
Routing Transit Number	Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Authorized Charge <input type="checkbox"/> Single <input type="checkbox"/> Recurring
Address on Account (if different from above)	City	State	Zip Code
By signing this form you give us permission to debit your account. This permission is for a single or recurring transaction (indicated above) and does not provide authorization for any additional unrelated debits or credits to your account.			
Account Holder's Signature			
Please send all receipts to the following:	Name	Email Address	
CREDIT CARD AUTHORIZATION			
Name As It Appears On Card			
Card Billing Address			
City	State	Zip Code	
Please charge our invoices to the following card:			
Account Type <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Government P-Card		Expiration Date /	
Cardholder's Signature			
Please send all receipts to the following:	Name	Email Address	