

**RKS Business Services, LLC.**  
**4819 Sheringham Lane**  
**Sylvania, OH 43560**  
**Phone & Fax: 419-882-5382**  
**Credit Card Agreement**

*Please fill in all fields and return*

I, \_\_\_\_\_,  
*(Print Full Name as it Appears on Card)*

agree to have RKS Business Services, LLC. charge my

MasterCard    Visa    Discover *(Check One)*

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_  
*(Month and Year)*

CID Number \_\_\_\_\_  
*(3 Digit Number Found on Back of the Card in the Signature Panel)*

for the following goods or services provided by RKS Business Services, LLC. listed below:

\_\_\_\_\_  
\_\_\_\_\_

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.

**Date** \_\_\_\_\_      **Amount of Charge \$** \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Print Name of Cardholder \_\_\_\_\_

Company Name *(if applicable)* \_\_\_\_\_

Title/Position \_\_\_\_\_

Address of Cardholder \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_