



Riva International, Inc.  
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[rivacrmintegration.com](http://rivacrmintegration.com)

## Riva Credit Card Authorisation Form

Please complete and sign the form below. All requested information is required.  
Upon approval, we will automatically bill your credit card for the amount indicated.  
**Your invoice will be in Euros, but you will be charged in U.S. dollars each month.**  
You may cancel this billing authorisation at any time by contacting us.

### CLIENT INFORMATION

Client Name:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Billing Address of the Credit Card:

\_\_\_\_\_

### PAYMENT INFORMATION

I authorise Riva International, Inc. to bill the credit card as specified below:

Invoice or Quote Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Select Product(s):  Riva Cloud  Riva On-Premise  Riva Insight  Riva for Marketo  Riva for Developers

Billing Frequency:  One Time  Monthly  Annually  As Needed

End Billing When:  Contract Expires \_\_\_\_\_  Client Provides Written Cancellation

### CREDIT CARD INFORMATION

Please select your credit card type:

Credit Card Number (**For your security**, please list the last four digits only)

Visa  MasterCard

XXXX - XXXX - XXXX - \_\_\_\_ \_

Cardholder's Name:

Expiry Date:

Card Security Code:

\_\_\_\_\_

(As shown on the credit card)

\_\_\_\_\_

Cardholder's Signature:

Date:

\_\_\_\_\_

**For your security, please call in your credit card number. Only list the last four digits of your credit card number above.  
This form must be emailed to [billing@rivacrmintegration.com](mailto:billing@rivacrmintegration.com) or faxed to +1 780.423.4711.**