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Riva Credit Card Authorization 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.
You may cancel this billing authorization at any time by contacting us.

CLIENT INFORMATION

Client Name:

Email Address:

Phone Number:

Billing Address of the Credit Card:

PAYMENT INFORMATION

I authorize 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:

Visa MasterCard AMEX

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

XXXX - XXXX - XXXX - ____ _

Cardholder's Name:

(As shown on the credit card)

Expiry Date:

Card Security Code:

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 or faxed to +1 780.423.4711.