



CREDIT CARD PAYMENT ENROLLMENT FORM

Please complete and return this form by fax to 216-574-4938, or email to service@rmiexpress.com.

VENDOR INFORMATION

Vendor Name:
Tax ID Number:
Address:
City: State: Zip:

MOST RECENT PAYMENT DETAIL

Table with 3 columns: Check #, Check Date, Check Amount

PAYMENT TERMS AND REMITTANCE INFORMATION

RMI Express Corporation strives to pay approved invoices within 60 days, subject to customer payment. Credit Card Payment participants will receive a remittance advice. Your remittance advice will be delivered via email to the Remittance Email Addresses you indicate below.

REMITTANCE EMAIL ADDRESS

Remittance email address input field

This Enrollment Form constitutes an Agreement that Vendor will accept payment in the form and by the methods set forth above. Vendor expressly promises to charge only the amount properly authorized by its invoices as approved by RMI Express Corporation and set forth on the Remittance Advice.

AUTHORIZED VENDOR REPRESENTATIVE

Printed Name: Title:
Phone: Email:
Signature: Date: