

One Time Payment Agreement
to RZ Professional Enterprises, LLC / Russell Zittlosen

For parcel :

Amount: _____ **Process ONCE**

Date of payment:

Customer Name:

Billing Address:

City: _____ **State:** _____ **Zip:** _____

phone: _____ **email:** _____

Payment :

Card number

expires: _____ **CCV# (3 or 4 digits on back of card):** _____

Name on Card :

I hereby authorize, Russell Zittlosen/RZ Professional Enterprises, LLC to initiate debit or charge entries, as specified above, to my account listed above. I agree to pay a 3% convenience fee with every payment.

This authorization shall remain in effect until the Total amount has been met or until Russell Zittlosen/RZ Professional Enterprises, LLC has received written notification from me of its termination. Written notification of the cancellation/termination must be received no later than 5 days prior to the next scheduled payment.

I agree to the terms as listed above

X _____ **date :**

print name –

Please submit Driver's license image or other government issued ID (picture taken from cell phone is acceptable)

**Please Scan this form to: rzprof@aol.com, or
Fax to: 303-647-2284 (must phone or contact us prior to sending fax), or
Text to: 505-410-8700**

Scheduled / Recurring Payment Agreement
to RZ Professional Enterprises, LLC / Russell Zittlosen

For parcel :

Amount: _____ **each payment** **Process once every: Month**

of payments: _____ **Date of 1st payment:** _____

Customer Name:

Billing Address:

City: **State:** **Zip:**

phone: **email:**

Payment :

Card number

expires: CCV# (3 or 4 digits on back of card):

Name on Card :

I hereby authorize, Russell Zittlosen/RZ Professional Enterprises, LLC to initiate debit or charge entries, as specified above, to my account listed above. I agree to pay a 3% convenience fee with every payment.

This authorization shall remain in effect until the Total amount has been met or until Russell Zittlosen/RZ Professional Enterprises, LLC has received written notification from me of its termination. Written notification of the cancellation/termination must be received no later than 5 days prior to the next scheduled payment.

I agree to the terms as listed above

X _____ **date :**

print name –

Please submit Driver's license image or other government issued ID (picture taken from cell phone is acceptable)

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