



RTPR LLC  
P.O. Box 798  
Cabot AR. 72023  
Phone: 877-787-7180

**\*\* CTC Test Kit REORDER\*\***  
**Credit Card Payment Authorization Form**

**This form can be faxed to 405-217-4788 OR  
email a Photo of the completed form to [rtprfax@gmail.com](mailto:rtprfax@gmail.com)**

Sign and complete this form to authorize **RTPR LLC** to charge your card per information listed below for the purposes of CTC Test Reorder. By signing this form, you give us permission to charge your account prior to shipping the order.

**Please complete the information below:**

I \_\_\_\_\_ authorize **RTPR LLC** to charge my credit card  
(full on name)

for orders of Real Time Pain Relief Product and any applicable shipping charges.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ RTPR Email \_\_\_\_\_

RTPR Marketing ID: \_\_\_\_\_

Authorized Ship to Locations:

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

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

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

Expiration Date \_\_\_\_\_

CVV Code \_\_\_\_\_

**Enter the number of Tests you would like charged to this card (@\$12.50 per test): # \_\_\_\_\_**  
(Wholesale Shipping Rates will apply) Once payment is process, you will see the order posted in your RTPR.com account.

By purchasing ONLINE, a CTC may purchase 400 Rapid Tests per order online. By submitting the REORDER FORM, a CTC may purchase 1000 Rapid Tests per week. The overall cap is 1000 Rapid Tests per week with combined submission types being limited. The CTC may submit this REORDER FORM for more than 1000 per week. This will generate an "request to appeal" to have your weekly allocation increased. Allocations will be determined after a review of your Portal Submission Rate.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize RTPR LLC. charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.