

PROVIDECOM INC

Credit Card Authorization

This is to authorize the debit of your credit card for the service(s) specified below.

Name of Cardholder (Please print)

First Name: _____.

Last Name: _____.

Billing address and postal code

(Same as it appears on your credit card statement)

Street address: _____.

Apt/Suite #: _____.

City: _____.

Province: _____.

Postal Code: _____.

Phone number of credit card holder: 1-(_____) _____.

Circle one only: Visa Mastercard

Card Number: _____.

Expiration Date: MM _____ YYYY _____.

CVV Number: _____ (on back of card)

Check one only:

Update account (update/replace current credit card on file)

Quarterly subscription (allows us to charge your current service fees automatically)

Monthly subscription (allows us to charge your current service fees automatically)

One time charge (for paying outstanding amount)

For One time charges only: Amount of invoice \$ __.00 CAD

I understand by signing this documents I will not request a chargeback at any point.

Signature _____

Today's Date YYYY _____ MM _____ Day _____

Please send by fax : 519-963-4933