CREDIT CARD AUTHORIZATION FORM

CLIENT / ACCOUNT INFORMATION

Company _____

Individual or Company Contact _____ _____
First Name Last Name

Valid E-mail Address _____

Mailing Address _____ _____ _____ _____ _____
Street Address / PO Box No. City / Town / County Province / State Postal / Zip Code Country

PAYMENT INFORMATION

Payment Amount **CA $** ___ ___ ___ ___ . ___ ___ Invoice No. / Description _____

Payment Type ☐ One Time Payment ☐ Recurring Payment Charged on the _____ day of Each Month

Card Type ☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS

Cardholder Name | | | | | | | | | | | | | | | | | | | | | | | | |

Credit Card Number | | | | | - | | | | | - | | | | | - | | | | |

Expiry Date | M | M | Y | Y | Y | Y | CVV | | | | Postal / Zip Code | | | | | | |

CLIENT AUTHORIZATION

I, the undersigned, authorize YEG Process Serving to charge the total amount indicated above and will pay the total amount charged to the credit issuer as per the Terms and Conditions of the Card Issuer.

Cardholder Signature _____ Date _____