CREDIT CARD AUTHORIZATION FORM

Mailing Address
YEG Process Serving
10060 Jasper Avenue NorthWest
Tower 1 Suite 2020
Edmonton AB T5J 3R8

CLIENT INFORMATION

Company _____

Individual Contact _____ _____ _____
First Name Last Name Middle Name(s)

Valid E-mail Address _____

Mailing Address _____ _____ _____ _____
Street Address / PO Box City / Town Province Postal Code

PAYMENT AUTHORIZATION

Payment Amount $_____ Invoice No. / Description _____

Payment Type ☐ One Time Payment ☐ Recurring Payment charged on the _____ of each month

Card Type ☐ VISA ☐ MasterCard

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

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

Expiry Date | M | M | / | Y | Y | CVV | | | |

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 _____