

PREP DEPT

A Div. OF 726245 Ont. Inc.

80 Admiral Rd.

Toronto, ON M5R 2L6

416.725.2680

HST 106 612 583

prepdept@rogers.com

Credit Card Payment Authorization Form

Sign and complete this form to authorize the above-mentioned company to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please fill in all the information below and email back:

I _____ authorize PREP DEPT to charge my credit card account
(full name)
indicated below for _____ on or after _____. This payment is for
(amount) (date)
_____ for use by _____
(general description of goods/services) (project name)

Billing Address _____ Phone _____

City, Province, Postal _____ Email _____

Account Type: Visa MasterCard AMEX

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to 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, and is valid for one time use 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.