



Credit Card Authorization Form

Account Name: _____

Credit Card Information

Visa

Mastercard

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____

Billing Address: _____

(Address where monthly credit card statements are received)

Being the cardhold or Corporate Office, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Letterlock to charge my credit card, for the services provided. Letterlock will provide me with an itemized monthly statement detailing all of my charges. I further agree that in the even my credit card becomes invalid, I will provide Letterlock with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Letterlock.

Signature:

Printed Name:

Date:

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