



CREDIT CARD AUTHORIZATION FORM

T.416.599.4040 | 1.877.239.6616
F.416.599.8655 | 1.877.239.0244
search@centrolegalworks.com

Date of this Application: **Wednesday, October 22, 2014**

I have completed a New Client Application online and providing this credit card information for payment purposes.

1. Credit Cardholder Information:

CLIENT NAME (Firm or Company Name (if applicable))

NAME AS IT APPEARS ON THE CREDIT CARD Same as above.

STREET ADDRESS – (*Credit Card billing address)

PROVINCE

CITY

POSTAL CODE

COUNTRY

PHONE NUMBER

FAX NUMBER (OPTIONAL)

EMAIL ADDRESS

Email copies of the invoices to this address.

EMAIL ADDRESS – FOR INVOICES/STATEMENTS (If different)

Email copies of the invoices to this address.

2. Payment Preferences

- DO NOT CHARGE**, keep credit card on file for security purposes only.
- Charge each invoice to the credit card provided upon service completion.
- Email the invoice to the address indicated above for approval **prior to charging**.
- Provide a monthly statement showing all invoices **prior to charging**.

3. Credit Card Details:

Type of Card: VISA

MASTERCARD

AMERICAN EXPRESS

Credit Card Number: _____

Expiry Date (MM/YYYY): _____

Security Number: _____

CONFIRMATION AND AGREEMENT

I agree that I am: a) The designated cardholder which bears my name and matches the name provided to Centro Legal Works Inc. ('Centro') OR b) Providing my Company/Firm's credit card for which I have explicit authorization to use. Such authorization will be provided to Centro Legal Works Inc. upon request.

I hereby certify that the information on this application is accurate and correct and I am authorized and aware of releasing such information to potential suppliers/service providers. I understand and authorize Centro to store this credit card information on file and use it for payment purposes. Standard payment terms of Net 30 days apply and past due accounts are subject to interest at a rate of 1.5% per month. Centro reserves the right to withhold services or shipments to any account holder that does not meet the payment terms outlined. The credit card may be used and charged to collect any outstanding amounts including interest after 45 days only after notification has been sent by Centro to the account holder.

Name: _____

Position: _____

Date: _____

Cardholder Signature: _____

Instructions:

Please mail, fax or scan and email this **SIGNED** application to the contact information indicated below:

CENTRO LEGAL WORKS INC. 425 University Ave., Suite 303, Toronto, ON Canada M5G 1T6 Attn: Accounting.

FAX NUMBER: 416-599-8655 OR 1.877.239.0244

EMAIL: billing@centrolegalworks.com

OFFICE USE ONLY:

EXISTING CLIENT ACCOUNT

NEW ONLINE CLIENT APPLICATION WAS COMPLETED AND RECEIVED.

ACCOUNT CREATED IN ACCOUNTING SYSTEM ON (DATE): _____

CLIENT FOLDER CREATED

CENTRO CUSTOMER SERVICE REP: _____