



When the form is complete, please mail or fax to:

39 Centre Street, Thornhill, Ontario, L4J 1G1

Tel: (905) 771-1131 | Fax: (905) 763-7689

Email: info@accplus.ca | Website: www.accplus.ca

CREDIT CARD AUTHORIZATION

I HEREBY AUTHORIZE ACCOUNTING PLUS FINANCIAL SERVICES INC.
TO CHARGE THE FOLLOWING TO MY CREDIT CARD ACCOUNT:

VISA

MASTER CARD

Company Name (if applicable):

Card Holder Number:

Card Holder Name:

Expiry Date:

Card Holder Signature:

Date:

Payment is for

Amount:

You, the Payer, authorized Accounting Plus Financial Services Inc. to debit the bank account identified above according to the notice and agreement on the 1st of every month or next business day.

PLEASE FILL IN AND RETURN TO ACCOUNTING PLUS FINANCIAL SERVICES AT:

EMAIL: info@accplus.ca / the person who send email to

OR

FAX #: 905-763-7689