

LORAAS DISPOSAL NORTH LTD
805 47TH ST E, Saskatoon, SK S7K 5W3
Telephone: 242-2300 Fax: 242-4994

**VISA/MASTERCARD/AMERICAN EXPRESS
AUTHORIZATION FORM**



Loraas

To: (the "Company") Loraas Disposal North Ltd.

Type: (tick one) Visa MasterCard Amex

Customer(s) Name(s) _____

Business(s) Name(s) (if different from above) _____

Business Address _____ Email _____

City _____ Prov _____ Postal Code _____

Cardholder Information:

Name _____

Billing Address _____

City _____ Prov _____ Postal Code _____

Card Number: |_|_|_|_|_|_| |_|_|_|_|_|_| |_|_|_|_|_|_| |_|_|_|_|_|_|

Expiry Date: |_|_|_|_| / |_|_|_|_|

I/We (the above named Customer[s]) authorize Loraas Disposal North Ltd. to charge my/our Visa/MasterCard indicated above, on the 15th day of each month, for payments payable to Loraas Disposal North Ltd. in respect of:

Each payment shall be the same as if I/we had personally presented the credit card and signed the receipt authorizing to pay Loraas Disposal North Ltd.

I/We will notify Loraas Disposal North Ltd. promptly in writing or by telephone if I/we change any information pertaining to the credit card.

I/We understand that the Credit Card Company is not responsible to verify whether these payments are properly debited to my/our account.

This authorization may be cancelled at any time upon written notice by me/us to Loraas Disposal North Ltd. I/We understand that if I/we cancel this authorization, it does not mean that my/our contract obligations to Loraas Disposal North Ltd. are ended.

I/We am/are all the persons who are required to sign on the above account.

I/We have received a signed copy of this authorization form.

Date _____ Customer's Signature _____