



Safety forward.

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atstraffic.ca

## CREDIT CARD PAYMENT AUTHORIZATION FORM

Attention: Samantha Middleton    Email: ar@atstraffic.ca    Company Name: \_\_\_\_\_

Sign and complete this form to authorize ATS Traffic to debit your credit card. By signing this form you give us permission to debit your account for the amount indicated or for the monthly rental fee as required. If the credit card is to remain on file you are authorizing future purchase on your credit card.

**Please complete the information below:**

I \_\_\_\_\_ hereby authorize ATS Traffic to charge my credit card for goods and services rendered for Project Name/No. \_\_\_\_\_, Job # \_\_\_\_\_, Quote / Order / Invoice # \_\_\_\_\_, or PO # \_\_\_\_\_.

**\*\*PLEASE NOTE THE CREDIT CARD USED WILL BE BILLED EVERY 28 DAYS FOR ONGOING JOBS/PROJECTS/PO'S  
\*\*A \$50.00 SERVICE FEE IS CHARGED FOR ALL DECLINED RENTAL PAYMENTS**

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card Number: _____    Expiration Date: _____
Cardholder Name: _____
CVD number: (3 digit number on back of Visa/MC): _____
Authorized Signature of Cardholder: _____

Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Total amount to be charged: \_\_\_\_\_ (CAD) Canadian Dollars

A/P Email Address: \_\_\_\_\_    Contact Phone #: \_\_\_\_\_

Signing this, I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honour and abide by the terms of payment.

Signature: \_\_\_\_\_    Date: \_\_\_\_\_

<b>Please indicate if you would like your credit card held on file for future RENTALS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Please indicate if you would like your credit card held on file for future SALES:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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