



Safety forward.

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atstraffic.ca

CREDIT CARD PAYMENT AUTHORIZATION FORM

Attention: Accounts Receivable 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: _____

Authorized for Billing in: British Columbia Alberta Saskatchewan Manitoba Mississauga

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: _____

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

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