



Visa / MasterCard Authorization Form

Please fill out all the information below, sign and fax to: 902-835-5266

Card Holder Information: (Please Print)

Card Type (check one): Visa MasterCard

Name (as appears on card): _____

Credit Card Number: _____

Card Expiry Date: _____ / _____

Daytime Phone Number: (_____) - _____

Authorization:

I, the designated cardholder of the above listed credit card, authorize ALL-TECH Environmental Services Limited to charge either the amount on the ALL-TECH Environmental Services Limited invoice \$ _____ or the amount of \$ _____ to the above listed card.

Signature of Cardholder: _____

Our Credit Card Acceptance Policy:

Notice of a charge back to our account due to any of the following reasons: "declined charge", "unauthorized charge", "cancelled credit card" or "closed account" after completion of work will be construed by ALL-TECH Environmental Services Limited as a deliberate attempt on the part of the card holder to avoid payment for our services. Failure of the card holder to make full restitution within three business days of receiving a request for payment by ALL-TECH Environmental Services Limited will be considered fraud.

We will make every effort to collect such payment through whatever legal means necessary. This includes a charge of 18% per annum, or the maximum interest rate allowed by law, as well as reasonable attorney's fees, plus court costs on all uncollected balances.

I have read and understand the above policy:

Cardholder signature: _____ Date: _____