ARROW TECHNOLOGY GROUP

18236-102 Ave
Edmonton, Alberta T5S 1S7
Phone 780.701.4050 Fax 780.451.6050

MONTHLY CREDIT CARD PAYMENT AUTHORIZATION FORM

Date: _____

Account Name: _____

Account Number: _____

I hereby authorize ATG Arrow Technology Group to charge my credit card each month on the 20th, for any purchases I have made on account until further written notice.

Credit Card Type: _____

Credit Card Number: _____

Expiry Date: _____ / _____ CVV _____

Name: _____

Signature: _____

Requires: Faxed Copy ____ Mailed Copy _____ No Copy _____

Please provide a copy of the front and back of your credit card along with a copy of your Photo Identification. (This is to protect ourselves and our customers from fraudulent use of credit cards.**)**

Note: Monthly payments will be charged to your credit card, until you provide us with 30 day written notice.