



## CREDIT CARD AUTHORIZATION (CCA) AGREEMENT

<b>CUSTOMER INFORMATION (PLEASE PRINT CLEARLY)</b>			
COMPANY NAME			
ADDRESS			CITY
PROVINCE	POSTAL CODE	EMAIL ADDRESS	
CONTACT		PHONE NUMBER	FAX NUMBER
<b>CREDIT CARD &amp; DIRECTIONAL INFORMATION</b>			
PLEASE FILL IN CARD NUMBER			SECURITY CODE
EXPIRY (MM/YY)	CREDIT CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> AMEX		
All credit card & directional information must be filled out in full; otherwise PerformanceWaste Management will be unable to enter into a CCA agreement with your company.			
<b>CREDIT CARD AUTHORIZATON (CCA) DETAILS</b>			
<ul style="list-style-type: none"> <li>▪ You, the Payer, authorize PerformanceWasteManagement to charge the credit card identified above for payment of services provided by PerformanceWasteManagement On the above noted day of each month, payment for invoices issued in the prior month will be charged to your account.</li> <li>▪ These services are for business use only.</li> <li>▪ You, the Payer, may revoke your authorization at any time, subject to providing written notice to PerformanceWasteManagement thirty (30) days in advance of the effective date of cancellation of this CCA Agreement.</li> <li>▪ PerformanceWasteManagement reserves the right to terminate this CCA agreement upon thirty (30) days prior written notice to the customer.</li> <li>▪ Customer must advise PerformanceWasteManagement Immediately in writing of any changes to the credit card information included in this agreement.</li> </ul>			
<b>ACKNOWLEDGEMENT OF ACCEPTANCE OF TERMS</b>			
SIGNATURE OF CREDIT CARD HOLDER			
CREDIT CARD HOLDER NAME AS IT APPEARS ON CARD (PLEASE PRINT)			
TITLE			
DATE			

Please email completed forms to: [info@performancewaste.ca](mailto:info@performancewaste.ca)

PerformanceWasteManagement

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