2 Stop Delivery

412 – 20686 Eastleigh Cres Langley, BC V3A 0M4 877-699-6607

Multi Credit Card Payment Authorization Form

Sign and complete this form to authorize **2 Stop Delivery** to make multi debits to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date on the contract. This is permission for multi transactions and not to exceed the total amount of the ongoing invoices and does not provide authorization for any additional unrelated debits or credits to your account.

I	authorize 2 Sto	p Delivery to charge my credit card
(Full name)		. , ,
account indicated below for or	ngoing invoices, on or a	fterThis (Date)
payment is for(Descripti	on of goods/services)	each draw until paid in full.
Billing Address		Phone#
City, Province		Email
Postal		
Account Type: Uisa	☐ MasterCard	☐ AMEX
Cardholder Name		
Account Number		
Expiration Date	CVV	Postal

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid until contract is paid in full. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

DATE ___

SIGNATURE __