

Account Setup - Payment Authorization

Updated: May, 2024

Personal Information

Your Full Name			loday's Date (YYY	Y-MM-DD)
Billing Inforn	nation			
Company/ Account Name (If Applicable):			Account / Invoice Number:	
Street Address:				
City:			Province:	Postal Code:
Credit Card Type				
Visa	MasterCard	American Express		
Credit Card Information				
Credit Card Num	nber:			
Name on Card:			Expiry (mm/yy):	CVV (on back):
Authorization	n Type			

Authorization Type

Payment of account (ongoing, monthly)

By selecting this option the cardholder permits 1988066 Ontario Limited (Aaron Group) to charge the above card for all monthly invoices in perpetuity until such time Aaron Group is directed otherwise. Typically, charges are made within the first two weeks of the month that follows the invoice date.

One-time payment of invoice

Other