



# PAYMENT AUTHORIZATION

## Personal Information

Your Full Name

Today's Date (YYYY-MM-DD)

## Billing Information

Company/ Account Name (If Applicable):

Street Address:

City:

Province:

Postal Code:

Account Number (If Applicable)

## Credit Card Type

Visa

MasterCard

American Express

## Credit Card Information

Credit Card Number:

Name on Card:

Expiry (mm/yy):

CVV (on back):

## Payment Authorization Type

**One-time payment of invoice**

**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.

**Other**

**For security / damage**

I authorize Aaron Group to debit for: transportation services in arrears (NET 45 days or more); and/ or damage, soilage caused to an Aaron Group vehicle by myself or one of my party.

Signature: