INTEGRAL TRANSFER AGENCY CORPORATE SERVICES

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Pre-Authorized Credit Card Payment - Authorization Form

Integral Transfer Agency (ITA) strongly encourages that all clients provide credit card information that will be kept on file to process payment for any current and future services/work requested by the client and processed by ITA. **Providing a valid credit card will result in savings of 10% off your first monthly maintenance fee and 10% off your initial share issuance with ITA.**

Please fill and sign this form and fax to: 1.866.695.2204 or scan and email to: accounting@integraltransfer.com

☐ VISA ☐ MasterCard ☐ American Express (AMEX)

Credit Card number: _____ **Expiry Date:** ___ / ___ ***CVC Code:** _____

*Card Verification Value Code "VISA or MasterCard" 3 digit code on the back of the card. "AMEX" 4 digit code on the front of the card.

Name exactly as shown on the Card: _____

Billing Address as shown on credit card statement: _____

City _____ Prov./State ___ Country _____ Postal/Zip Code _____

General Guidelines:

- Invoices will be sent to the client by EMAIL for the requested services; and subsequently on or about the 1st of every month for any monthly recurring service fees. Payment is due upon receipt.
- The client has five (5) business days to review and respond to the EMAIL, if no response is received by our accounting department the invoice will be considered approved and the credit card payment will be processed.
- The client is responsible to advise Integral in writing of any credit card statement billing error attributable to a transaction processed by Integral. Any refunds due will be credited to the client's credit card account; or upon the client's request, their Integral Client Account can be credited instead with the funds to be used towards the client's future service invoices.
- The client can set a pre-authorized payment amount limit. However the client may be asked to make an interim payment if the amount for the work requested exceeds the pre-authorized payment amount limit set by the client.
- When processing the credit card payment all applicable Non-Sufficient Funds (NSF) charges will apply if the credit card is declined; and we reserve the right to not process any additional work until the client's outstanding Integral Client Account balance is paid in full.
- It is the client's sole responsibility to inform Integral in writing of any changes made to their company's contact information such as new contact person, email address or credit card information, if not Integral will consider the invoice delivered by using the email address on file provided by the client below.

I hereby authorize Integral Transfer Agency to bill my credit card for up to $ _____ Canadian Funds. The minimum is $500. (CDN – exchange rate will apply as per the transaction date value assigned) in a given month based on the monthly invoice sent to me for the following company:

_____
(Full Company Name)

_____ _____
(Contact Name) (Email address)

It is understood that the credit card payment will only be processed five business (5) days after the invoice has been sent to the email address provided above to allow time for me to review or dispute the charges.

_____ DATE: ___/___/_____
(Signature) MM / DD / YYYY