



Integral Transfer Agency USA, Inc.
635 16th St, Niagara Falls, NY 14301
Phone: (716) 402-8539 / **Fax:** (647) 794-3332
www.integraltransfer.com / info@integraltransfer.com

Pre-Authorized Credit Card Payment - Authorization Form

Integral Transfer Agency USA, Inc. requires 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 INTEGRAL USA.

Please fill and sign this form and fax to: 647-794-3332 or scan and email to: accounting@integraltransfer.com

VISA MasterCard American Express (AMEX)

Credit Card number: _____ **Expiration 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 a subsequent invoice will follow yearly for the mandatory Annual Return and Registered Office fees required to keep the client's corporation active and in compliance with the Canadian Business Corporation Act. 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 USA in writing of any credit card statement billing error attributable to a transaction processed by INTEGRAL USA. Any refunds due will be credited to the client's credit card account; or upon the client's request, their INTEGRAL USA 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 USA Client Account balance is paid in full.
- It is the client's sole responsibility to inform INTEGRAL USA 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 USA will consider the invoice delivered by using the email address on file provided by the client below.

I hereby authorize INTEGRAL USA to bill my credit card for up to \$_____ (USD - The minimum is \$500) in a given month for requested or mandatory services required by our company when invoiced and processed by INTEGRAL USA:

(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.

(Signature)

DATE: _____
MM / DD / YYYY