



DISC-GO-TECH

Authorization Agreement for Automatic Credit Card Billing

I / (we) hereby authorize Disc Go Technologies, Inc. to initiate automatic credit card withdrawals for monthly/bimonthly supply orders in the amount indicated below. This authorization is to remain in effect for a term of one year.

Customer Name: _____

Business Name (if different): _____

Quantity and Amount of Order: _____

Date of Automatic Payment: _____

Credit Card Number: _____

Check One: **Visa** **MC** | **Expiry:** _____

Cardholder Signature: _____

*Please fax completed form back to Disc Go Tech
FAX: 1-604-542-1185*

Please Note: credit cards are run on the customers due date. If the due date falls on a weekend, the card will be run on that Friday. If the due date falls on a holiday, the card will be run on the previous day (if you do not know your due date, please ask a billing representative). It is the responsibility of the customer to notify Disc Go Technologies, Inc. if any changes to the credit card account change (i.e. expiration date, loss of card, new card number, stolen card, etc.)