

## CREDIT CARD PRE-AUTHORIZED PAYMENT AGREEMENT

Boxes with \* must be completed.

I \* herein authorize Raincoast Business Advisors Inc. to process payments for the account of Raincoast on the following dates or terms:

1. Payments are to be applied to the account of \*
2. Invoice #
3. Single payment of \_\_\_\_\_ on \_\_\_\_\_
4. Monthly payments of \_\_\_\_\_ on the 15<sup>th</sup> day of each month, beginning on \_\_\_\_\_ and ending on \_\_\_\_\_
5. Other fixed payment dates as detailed below:
  - a. \$ \_\_\_\_\_ on \_\_\_\_\_
  - b. \$ \_\_\_\_\_ on \_\_\_\_\_
  - c. \$ \_\_\_\_\_ on \_\_\_\_\_
  - d. \$ \_\_\_\_\_ on \_\_\_\_\_
  - e. \$ \_\_\_\_\_ on \_\_\_\_\_
  - f. \$ \_\_\_\_\_ on \_\_\_\_\_

all date formats mm/dd/yyyy

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Credit Card type \*

Card Number (16 digits) \*

Expiry date \* \*

Security code \*  
(three digits on back of card,  
or four digits on front of Amex)

Name on card \*

Billing address of card ST \*

CITY \*

P \*

PC \*

Ph \*

Signature \*

Date \*