



# PREAUTHORIZED PAYMENT OPTION AUTHORIZATION FORM

Please complete this form by filling in the fields on your PC, printing it, signing and dating it, and returning it by fax to TransActive Ecommerce Solutions at 902-484-6370.

I / WE

Name(s)	Company
Address	City
Province/State	Postal/Zip Code
Email	Telephone

HEREBY AUTHORIZE: TransActive Ecommerce Solutions Inc.

PO Box 2251 CRO  
Halifax, Nova Scotia  
B3J 3C8 Canada

TO DEBIT MY / OUR

VISA	Expiry Date (MO/YR)
MasterCard	Expiry Date (MO/YR)

For the purpose of TransActive Ecommerce Solutions Inc.'s payment processing services, including set-up charges, monthly charges, transaction charges and any applicable professional service charges.

I / We have read understand the terms of this authorization and acknowledge receipt of a copy thereof.

_____ Signature	_____ Date
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### TransActive Ecommerce Solutions Contact Information

Toll-free: 888.438.8767  
Telephone: 902.431.9977  
Fax: 902.484.6370  
Email: [billing@transactive.ca](mailto:billing@transactive.ca)  
Web: [www.transactive.ca](http://www.transactive.ca)

### TERMS AND CONDITIONS

I / We will notify the company in writing of any changes in the account information or termination of this authorization at least thirty (30) days prior to the next payment date.  
I / We understand that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for/with TransActive Ecommerce Solutions Inc.  
I / We warrant that all persons whose signatures are required to sign this authorization have done so.