

CREDIT CARD AUTHORIZATION FORM

CREDIT CARDHOLDER INFORMATION				
NAME ON CREDIT CARD				
TYPE OF CREDIT CARD	VISA	MC		
CARD NUMBER				
Three(3) Digit Code (back of card)				
EXPIRATION DATE (mm/yy)				

BILLING ADDRESS:					
CITY		PROV/STATE		POSTAL CODE	
PHONE		EMAIL		FAX NUMBER	

SHIPPING ADDRESS (if different than Billing):					
CITY		PROV/STATE		POSTAL CODE	
PHONE		EMAIL		FAX NUMBER	

AUTHORIZATION

As the credit card holder I authorize Nuimpact Corp. to use the credit card for purchases shipped to an address other than above.

ONGOING CREDIT CARD USE

As the credit card holder I authorize Nuimpact Corp. to use the credit card for present and future purchases when verbal or written approval has been granted.

OR

ONE TIME USE ONLY

As the credit card holder I authorize Nuimpact Corp. to use the credit card for payment of this order purchase only.

GENERAL TERMS FOR PRE-AUTHORIZED PAYMENT

1. In this agreement, the expressions of 'I, me, my, our` are designated account holders who are signing hereafter. I (We) warrant and guarantee that all persons whose signatures are required to sign on this account have read and signed this agreement below.
2. I (We) acknowledge that this Authorization is provided for the benefit of the Payee and Nuimpact Corp. and is provided in consideration of Nuimpact Corp. agreeing to process debits against my account.
3. This authorization may be cancelled at any time upon providing a written request. I (We) acknowledge that, in order to revoke this authorization, I (We) must provide notice of revocation to Nuimpact Corp and revocation does not terminate any contract for goods or services that exists between Nuimpact Corp and our company. The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
4. I (We) certify that the information provided in this agreement with respect to the payor's account is accurate and undertakes to inform Nuimpact Corp., in writing, of any change to the account information with a minimum of seven (7) business days notice before the next due date of the pre-authorized payment. At the occurrence of such event, this present agreement continues to be applicable for the new payor account information which will be served for preauthorized payment.
5. I (We) have understood and accept the General Terms of Agreement for Pre-Authorized Payment and have been informed that this credit card information and signature are to be held with Nuimpact Corporation and all information on this form will be kept strictly confidential by Nuimpact Corporation.

COMPANY NAME			
SIGNATURE / Title		DATE	