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PRE-AUTHORIZED PAYMENT AGREEMENT FORM

Customer Account No.: (if known) _____

CREDIT CARD INFORMATION

Credit Card Type: VISA MASTERCARD

Cardholder Name: (exactly as it appears)	_____
Credit Card No.:	_____
Three (3) Digit Code: (Back of Card)	_____
Card Expiry Date: (mm/yy)	_____

GENERAL INFORMATION

Billing Name and Address: _____ _____		
City: _____	Province/State: _____	Postal/Zip Code: _____
Tel: () _____	Fax: () _____	E-mail: _____
Shipping Address: <i>(if shipping address is different from billing address stated above)</i> _____		
City: _____	Province/State: _____	Postal/Zip Code: _____
Tel: () _____	Fax: () _____	E-mail: _____

NUIMPACT Sales Representative: _____

AUTHORIZATION

Authorization is required if shipping to an alternate shipping address:

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

One Time Use Only

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

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.

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 in accordance with the Rules of the Canadian Payments Association.
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. Revocation of this authorization 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 pre-authorized 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.

Cardholder Name / Title:	Company Name:
Cardholder Signature:	Date: