

Recurring Billing Request Form

This form authorizes E-Trace to set up monthly recurring credit card billing for online booking /scheduling services. **INCOMPLETE FORMS CANNOT BE PROCESSED.** Remember to fill out **ALL INFORMATION.**

Print it. Sign it. Mail or Fax it.

Mail to: E-Trace 5330 Canotek Road, Unit 16, Ottawa, Ontario. Canada.K1J 9C3.

Or Fax: 1-866-655-2427

CONTACT INFORMATION:

Business Name: _____

GST # (For Canada only): _____

First Name: _____ Last Name _____

Phone: _____ Fax _____

E-Mail Address _____

Billing Address _____

Street _____ Suite _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

CREDIT CARD INFORMATION:

Check Card Type Visa _____ or MasterCard _____

Cardholder Name: _____

Card Number: _____

Expiration Date: _____(mm/yy)

Card Code (last 3 digits on back of card): _____

AUTHORIZATION

I authorize E-Trace to charge my credit card on a monthly basis for access to the E-Trace online scheduling subscription service. I agree to the terms and conditions set forth on E-Trace website. I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter into this recurring billing agreement with E-Trace corporation.

Cardholder's Signature _____

Date _____