



MEGA CRANES LTD.

FIM Gru

CREDIT CARD AUTHORIZATION FORM

Recurring and Subsequent Sale Charges by Credit Card Payments

Name on Credit Card (Holder's Name) _____

Business Name _____

Billing Address (Credit Card) _____

The undersigned Customer hereby authorizes Mega Cranes Ltd. (hereinafter referred to as "Mega Cranes") to obtain payment of invoices for recurring services from the Customer's credit card account identified below. Mega Cranes may charge the account from time to time, as per the Customer's agreement with Mega Cranes including all re-occurring use of equipment, services, hours, and travel since the preceding payment, without requirement of the Customer's signature for each payment.

Credit Card Number: _____

Credit Card Type: (please circle one) Visa / MasterCard

Dollar Amount: \$ 439.62

As per company standard procedure

3% Surcharge: —

Total: \$ 439.62

CVV Number: (3 digits on the back of card): _____

Expiration Date (Month/Year): _____

By signing this form, the Customer acknowledges and agrees as follows:

- ❖ This signed form is confidential and will be kept on file at Mega Cranes Ltd.'s office.
- ❖ Credit Card payments will appear on your statement as Mega Cranes Ltd.
- ❖ The Customer will first attempt to rectify disputed charges directly with Mega Cranes Ltd. in writing via registered mail.
- ❖ If the Customer fails to dispute a charge within thirty (30) days from the time the credit card is charged, the Customer hereby agrees that the charges are valid and agrees not to dispute said charges.
- ❖ The Customer authorizes Mega Cranes Ltd., to automatically charge their above-referenced credit card.
- ❖ The Customer certifies, warrants and represents that the cardholder named above agrees to pay the credit charge(s) in accordance with the agreement described above.
- ❖ This authorization will remain valid until revoked in writing with thirty (30) days prior written notice of revocation.

Cardholder will pay total amount shown to card issuer according to cardholder agreement with card issuer.

Cardholder's Signature

Date

Printed Name

Please fax completed form to 604-599-5250

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