



Dear Valued Customer:

For your convenience, you can now choose to have your account paid monthly on your Visa or MasterCard. Your monthly statement will be sent to you each month as notification of the balance that will be charged to your card of preference. Payments will be processed every 15th and 30th of the month.

If you wish to take advantage of this service, simply complete the lower portion of this form and return to:

Energy Equine
Site 11 Comp 17 RR 1 Stn Main
Airdrie, AB
T4B 2A3
Email: breann@energyequine.ca
Fax: 403 775 4362

AUTHORIZATION AGREEMENT (VISA OR MASTERCARD MONTHLY PAYMENT)

In submitting this request, I authorize Energy Equine and my noted credit card company to debit my account indicated for payment of my invoices from Energy Equine.

VISA NUMBER: _____
MASTERCARD NUMBER: _____
EXPIRY DATE: _____
CVV(three digits on back of card): _____
NAME ON CARD: _____
SIGNATURE: _____
DATE: _____

This authority is to remain in full force and effect until Energy Equine has received written notification of its termination in such time and manner as to afford said company a reasonable opportunity to act on it. IF YOU WISH TO RECEIVE YOUR STATEMENT VIA EMAIL, please fill in your email address below, and we will be pleased to provide this service.

Email Address For Statement: _____

This information has been collected for the purpose of processing automated credit card payments for your account. The collection of this information is undertaken in accordance with applicable Privacy Legislation