



**100 ARBORS LANE SUITE A  
WOODBRIDE, ONTARIO, L4L-7G4  
905-605-2865**

### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize DSN ACCOUNTING SERVICES INC. to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ authorize DSN ACCOUNTING SERVICES INC. to charge my credit card  
FULL LEGAL NAME  
account indicated below for \$ \_\_\_\_\_ on or after \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_. **2% Service charge will be applied**  
AMOUNT DATE

This payment is for \_\_\_\_\_  
PLEASE INDICATE SERVICES

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, Province, Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____			
BACK OF CARD	_____			
	3 DIGITS			

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.