



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

MULTIPLE Credit Card Payment Authorization Form

Sign and complete this form to authorize DSN ACCOUNTING SERVICES INC. to make MULTIPLE Charges/debits to your credit card listed below as required.

By signing this form you give us permission to debit your account for the amount shown on your outstanding balance with DSN Accounting Services Inc. based on invoices You received. This authorization is effective immediately and will expire after written notice is received via email request to hani@dsnaccounting.com.

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 multiple times. 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.

Please send completed forms directly to hani@dsnaccounting.com