



VISA/MASTERCARD AUTHORIZATION FORM

306-373-3555

To: All-In-Bin

Type of Card: Visa M/C

Customer(s) name: _____

Business(s) name(s) (if different from above): _____

Business Address: _____

City: _____ Prov: _____ Postal code: _____

Cardholder Information:

Name on card: _____

Billing Address: _____

City: _____ Prov: _____ Postal code: _____

Card number: _____

Expiry Date: _____

I/We (the above-named customer [s]) authorize All-In-Bin to credit my/our Visa/MasterCard indicated above on the _____ day of each month, for payments to All-In-Bin in respect of:

Each payment shall be the same as if I/We had personally presented the credit card and signed the receipt authorizing to pay All-In-Bin.

I/We will notify All-in-Bin promptly in writing or by telephone if I/We change any information pertaining to the credit card.

I/We understand that the credit card company is not responsible to verify whether these payments are properly debited to my/our account.

This authorization may be cancelled at any time upon written notice to me/us All-In-Bin. I/We understand that if I/We cancel this authorization, it doesn't mean that my/our contract obligations to All-In-Bin are ended.

I/We am/are all the persons who are required to sign on the above account.

I/We have received a signed copy of this authorization form.

Date: _____ Customer's signature: _____