



43841 TALBOT LINE, R.R. #3, ST. THOMAS, ONT. N5P 3S7
 519-631-3810 Toll Free 1-800-265-4342 Fax 519-631-4755
 www.dowlerkarn.com

CREDIT CARD AUTHORIZATION

All fields are mandatory fields.

I hereby authorize Dowler Karn Limited to charge my credit card (Visa, Master Card) for all current monthly charges on a predetermined day. Credit card details are as follows:

Name on card: _____

Credit card #: _____ (or/ON FILE)

Expire Date: _____

Date Requested for processing: (MUST CHECK "ONE" OPTION)

Budget plan – 1st or 15th of month _____ Budget amount \$ _____

Statement balance – 20th of following month _____

Current month charges – 30th of the same month _____

(Note: processing does not occur on dates that fall within weekends, processing would apply the following Monday)

I understand that this authorization may be cancelled at anytime upon written notice from me.

My account number with Dowler Karn is _____, account name _____
 _____ all payments are to be applied accordingly.

I will advise Dowler Karn of any changes to this credit card information on file.

Signature of card holder:

_____ Date: _____