



112 Newkirk Road, Richmond Hill, ON L4C 3G3
Tel: 905-508-2199 Fax: 905-508-2183

AUTOMATIC PAYMENT PERMISSION

Please ensure that all information is correct

COMPANY NAME: _____

NAME OF CARD OWNER: _____

BILLING ADDRESS: _____

I do hereby authorize **BOZ ELECTRIC SUPPLY LTD.** to automatically debit my credit card shown below:

Charge my credit card on the _____ of **each month** for the outstanding invoices due this month according to my terms of credit with Boz Electric Supply.

It is understood that payments will continue until the outstanding debit has been paid in full and I will notify Boz Electric Supply of any changes to my credit card prior to the date listed above.

AMERICAN EXPRESS VISA M/C (Circle which credit card)

CARD # _____

EXPIRY DATE: _____ VERIFICATION CODE (3 DIGITS) _____

I give permission to BOZ ELECTRIC SUPPLY to adjust the Expiry and Verification on this form when the card renews.

PRINT NAME _____

AUTHORIZED SIGNATURE _____

EMAIL: _____

Return completed form by Fax: 905-508-2183 or Email: judi@bozelec.com

Your receipt will be emailed.