



Monthly Credit Card Application Form

Qualifying Requirements:

- **Current Roadata customer in good standing for a minimum of 30 days.**

Roadata Services Ltd. would like to offer our customers an alternative option for payment. We feel that it may be more convenient to receive the monthly invoice, and automatically have it paid on your credit card on the 15th of the month or the first business day after if it falls on a weekend. An Invoice Payment Receipt will be emailed to you upon successful completion of the payment.

If this seems like a convenience that you would be interested in, complete the information below and return it to Roadata Services Ltd. either by email to ap@roadata.com or fax back to 403-341-7467.

Company Information

Business Name / Individual Name:		Operating Name of Business (only if different from previous)		
Address:		City / Town:	Province:	Postal Code:
Phone Number:	Cell Number:	Fax Number:	E-Mail Address:	
Contact Person:				

Credit Card Information

Your credit card number will be stored in a secure database that only Roadata Services Ltd. has access to.

Credit Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Card Number:	Expiry Date (mm/yy):	Name on Card:
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How would you prefer your Invoices and Invoice Payment Receipts are sent to you?

☐ Mail ☐ E-Mail

If you prefer Email what email address is best to send to? _____



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Authorization to Process Credit Card Payment of Invoices

I agree to allow Roadata Services Ltd. to make payment monthly on the above credit card.

I agree that the information given on the applicant is true to the best of my knowledge, and that I have authorization to sign on behalf of the applicant.

Business Name: _____

Name (Print): _____

Position: _____

Signature: _____

Date: _____