



Credit Card Permission Form

Card Information

Card Type: VISA MasterCard

Card #: _____

Expiry Date: ____ / ____

VID or CVC Code (Last 3 numbers on the back of the card): ____

Name of Person on Hurontel Account: _____

Phone # of Person on Hurontel Account: _____

Card Holder Information

Name of Cardholder (print name as appears on card): _____

Address: _____

City/Town : _____ Postal Code: _____

Phone #: _____ E-mail: _____

I _____ (full name as appears on card) hereby give Hurontel full permission to charge my Credit Card with information concerning the Hurontel account in the name of _____ (account holders full name). I hereby understand that if _____ (account holders full name) misses a payment, or if any equipment belonging to Hurontel becomes damaged while in the care of this person, my credit card may then be charged in the amount that the Hurontel account holder is owing to Huron Telecommunication Co-operative Limited in damages or missed payments.

Signature of Card Holder: _____ Date: _____

Signature of Account Holder: _____ Date: _____

Once this Document has been signed by both parties and given to Huron Telecommunications Co-operative Limited it then becomes the parties' personal responsibility to uphold all agreements between both parties in this contract. Huron Telecommunications Co-Operative Limited may not be held liable in the event of misplaced monies from the Credit Card on file. This form is to protect against credit card fraud and will be kept completely confidential.