

SUPPORT AND PURCHASES BILLING CREDIT CARD PRE-AUTHORIZATION FORM

Company Name:
Address:
City / Province:
Postal Code:
Telephone:
Contact Name:

The Customer hereby authorizes Ideal Control Systems Inc. to charge any and all Service & Support Incidents and Purchases related to the Customer's account to the Credit Card Account provided below. The customer further authorizes Ideal Control Systems Inc. to maintain the below Credit Card Information on file in accordance with PADSS / PCI Standards. The customer understands that Ideal Control Systems Inc. does not need to notify the customer in advance of processing these charges and that Ideal Control Systems Inc. will provide the customer with an invoice after the charge is processed. Ideal Control Systems Inc. will provide the customer with a detailed record of any service incident upon request. This agreement may be immediately terminated by either party provided the request for termination is submitted in writing and there are no monies owing against the customer's account with Ideal Control Systems Inc. Ideal Control Systems Inc. commits to removing all below Credit Card Information from its records upon termination of this agreement.

CUSTOMER APPROVAL

Approved by: _____ **(sign)** **Date:** _____

Name on Card: _____

Credit Card Type: VISA | Master Card (please circle appropriate)

Credit Card Number: _____

Expiry Date: _____

Photocopy of Front and Back of Card must be submitted with this form

Ideal Control Systems Inc.

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