

Credit Card Payment Authorization

Please sign and complete this form to authorize Stride Business Works Inc. (formerly Stellar Management Group Inc.) to charge your credit card listed below.

By signing this form, you give us permission to debit your account for the amount agreed upon or as indicated below.

Please complete the information below:

I authorize Stride Business Works Inc. to charge my credit card account indicated below for

_____ on or after _____. This payment is for _____
(amount) (date) (invoice #)

monthly amount of \$ _____ including HST as agreed in engagement letter,
beginning _____ (month, year)

Email (for receipt): _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.