



CREDIT CARD AGREEMENT

This credit card agreement is between **The Inspections Group Inc.** and

Company Name if applicable

Name of Card Holder

Mailing Address

City, Province, and Postal Code

Phone Number including area code

Fax Number including area code

I hereby authorize **The Inspections Group Inc.** to debit my:

- | | | |
|---|------------|--|
| <input type="checkbox"/> Visa | | <input type="checkbox"/> Permit(s) |
| <input type="checkbox"/> Master Card | FOR | <input type="checkbox"/> Equipment Certification |
| <input type="checkbox"/> Discover Card | | <input type="checkbox"/> Fee For Service |
| <input type="checkbox"/> American Express (Edmonton only) | | |

Credit Card Number

Expiry Date

CVD # (3 digit number on back of card)

Signature of Cardholder

Date (YYYY/MM/DD)

PLEASE SELECT LOCATION

- | | |
|---|--|
| <input type="checkbox"/> 12010 – 111 Avenue
EDMONTON AB T5G 0E6
Phone: 780 454 5048
Toll Free Phone: 1 866 554 5048
Fax: 780 454 5222
Toll Free Fax: 1 866 454 5222 | <input type="checkbox"/> #110, 4910-50 Avenue
COLD LAKE AB T9M 0G1
Phone: 780 594 4301
Toll Free Phone: 1 888 853 6411
Fax: 780 594 3720
Toll Free Fax: 1 844 750 3721 |
|---|--|