



How to Complete and Submit Your Pre-Authorized Credit Card Payment Application

If you have any questions about this application, please contact us at **1.877.323.3997**

WHEN DO I COMPLETE THIS FORM?

If you wish to apply for Pre-Authorized Credit Card Payment or if you are already enrolled and wish to make changes.

HOW DO I COMPLETE THIS FORM?

By using Acrobat Reader Viewer, you may print a blank form and complete it by hand. Sign the completed form and keep a photocopy of the signed form for your records.

HOW DO I SUBMIT THIS FORM?

Include your Pre-Authorized Credit Card Payment Application with your Agreement Activation Form, or as directed by Prevista Inc. You may mail, fax or email this completed form to:

Prevista Inc.

2348 chemin Lucerne

Suite # 548

Mont-Royal (Québec)

H3R 2J8

Fax: 1.877.323.3997

email : info@previstagroup.com



Pre-Authorized Credit Card Payment

Pre-Authorized Credit Card Payment Terms and Conditions

I authorize Prevista Inc. to draw on the credit card specified below for the purpose of making payments that are due on the account specified below:

If you choose to authorize your Credit Card with Prevista Inc. you agree to: (a) provide true, current and complete information about yourself; and (b) maintain and promptly update information about yourself to keep it true, current and complete.

You consent to our receipt of your credit card information and our verification of and communication with third parties such as credit reporting agencies, credit bureaus, financial institutions or any person with whom you have or propose to have, financial dealings, from time to time, of your personal information. Prevista Inc. will keep your personal information for as long as it remains necessary for the identified purposes or as required by law.

You agree that Prevista Group may disclose your personal information to a person involved directly or indirectly in supplying the goods to you to the extent the personal information is required and used only for such purposes or a person retained by Prevista Group to enforce our legal rights against you, if the personal information is required for, and is to be used only for that purpose.

You are responsible to keep your credit card number confidential. You should promptly notify Prevista Inc. and your financial institution as applicable, if you become aware of unauthorized use, loss, theft or suspected breach of security. You are solely responsible for all charges incurred using your credit card number.

IN NO EVENT SHALL PREVISTA INC. BE LIABLE TO YOU FOR ANY DIRECT, INDIRECT, CONSEQUENTIAL, INCIDENTAL, SPECIAL, COMPENSATORY OR PUNITIVE DAMAGES OR LOSSES, OR DAMAGES FOR LOSS OF INCOME, LOSS OF BUSINESS PROFITS, BUSINESS INTERRUPTION, LOSS OF DATA OR BUSINESS INFORMATION, OR LOSS OF OR DAMAGE TO PROPERTY, OR CLAIMS OF THIRD PARTIES, OR OTHER PECUNIARY LOSS, ARISING OUT OF OR RELATED TO THE USE OF YOUR CREDIT CARD TO CLEAR YOUR ACCOUNT.

Yes, I have read the Terms and Conditions and I hereby authorize Prevista Inc. to settle my account by Pre-Authorized Credit Card Payment from the Credit Card specified below. (check this box)

<input type="checkbox"/>		CREDIT CARD OWNER	
<input type="checkbox"/>		CARD NUMBER	EXPIRY DATE M M Y E A R
<input type="checkbox"/>		SIGNATURE OF CREDIT CARD HOLDER	DATE Y E A R M M D D

The Customer warrants and guarantees that all persons whose signatures are required to sign on this credit card account have signed this Authorization.

NAME	
E-MAIL ADDRESS (MANDATORY)	TELEPHONE NUMBER
AUTHORIZED SIGNATURE	DATE