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Pre-Authorized Payment Form

I authorize ClearlyCore Inc. to debit the credit card listed below to cover payment for outstanding charges for IP telephone services on a monthly basis. This authorization will continue until revoked in writing.

<u>Client info</u>
Business / Customer Name
Your ClearlyCore Account (e.g. CORE03)#
Credit Card Info
Cardholder Name
Visa Mastercard Amex
Credit Card # Expiry Date
3 or 4 digit CVV#
Credit Card Billing Address with Postal Code

The completed form can be e-mailed to tom.kerr@clearlycore.com