

Credit Card Authorization Form

Please Print And Complete This Authorization And Return To
Canada Relink/Call2Talk
Fax # 519-250-4055

All Information submitted is Confidential.

Cardholder Full Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Amex

Credit Card Number: _____

Expiration Date: _____ CVS# _____

Amount To Charge: \$_____ for Monthly Services plus taxes and credit
card surcharge.

Amount to charge: \$_____ to load my account for Collect Calls + taxes and
credit card surcharge

I,(the customer) Authorize Canada Relink/Call2Talk to charge my credit card
with the agreed amount listed above to my credit card provided therein. I
agree that I will pay for this purchase in accordance with the issuing of the
Bankholder agreement:

The Customer must call in everytime to notify Canada Relink/Call2Talk to
charge the card. There will be a credit card fee charged for every
transaction. The customer must provide Canada Relink with a signed
authorization form to charge the credit card. If this pre-authorized form is not
signed and dated by the customer, Canada Relink does not have
the authorization to charge the credit card and the customer forfeits their
rights for the service.

Cardholder-Please print name, Sign and Date Below:

Full Name: _____

Date: _____

Signature: _____

Once Signed Please Return the original completed form to:

Canada Relink
Accounting Department
Fax # 519-250-4055
6642 Tecumseh Road East
Windsor ontario
N8T 1E6