



Pre-Authorized Recurring Credit Card Charge

Now you can have your monthly services billed directly to your Visa or MasterCard.

Simply fill out this form and submit to our offices.

Card Type (circle one): **Visa** **Master Card**

Credit Card Number: _____

Expiry: _____ / _____ (mm/yy)

Name on card (please print): _____

ParaFX.com Account number (or Domain): _____

I hereby authorize ParaFX.com to initiate debit entries to my credit card as indicated above and to credit ParaFX.com in accordance to the monthly service fees associated with my account and any additional fees or overages incurred with the use of services provided by ParaFX.com. I understand that I am responsible for the charges incurred by my account and that should I dispute any charges I have 30 days (thirty days) to resolve such transactions against my credit card which I feel are in error.

This authorization is to remain in full force and effect until ParaFX.com has received written notification from me of its termination in such time and in such manner as to afford ParaFX.com a reasonable opportunity to act upon it. My service will continue to the end of the month that ParaFX.com received notification.

Signature of Card Holder: _____

Date: _____

Upon completion of this form, please fax to: (416) 238-4367 for processing or you can mail it to the following address:

**ParaFX.com
PO BOX 21060
RPO Harwood Place
Ajax, ON L1S 7H2**