



PRE-AUTHORIZED CREDIT CARD PAYMENT AGREEMENT

I hereby authorize zCover Inc. to keep my signature on file. I understand that this authorization to charge my credit account for the balances of any outstanding amount of our account with zCover Inc. This authorization will remain in force until zCover Inc. has received written notification from me of its termination in such time and in such manner as to afford zCover Inc. a reasonable opportunity to act on it.

Company Info:

Company Name: _____

Company Address: _____

Credit Card Type: VISA MasterCard

Credit Card #: _____

Exp. Date: _____ / _____ Card Identification Number _____ 

Cardholder's Name (as it appears on the card): _____

Credit Card Billing Address (the address that the credit card statement is mailed to):

Address Line 1: _____

Address Line 2: _____

City, State Zip, Country: _____

Card Holder Signature: _____ Today's Date: _____

Please EXECUTE and return this form to:

zCover AR Department

by Fax: +1 (604) 273 3023

by email: AR@zcover.com