



Please ensure form is fully completed. This is a fillable PDF form.
Incomplete credit card authorization forms WILL NOT BE PROCESSED and may be returned.

Today's Date (mm/dd/yyyy):

1. Customer Information (please print clearly):

Company Name:

Contact Name:

Contact Address:

Phone Number:

Email Address:

2. Credit Card Information:

Credit Card Type (check one): VISA MASTERCARD

Credit Card Number:

Expiration Date (mm/yy):

Name as it appears on card:

Electronic Signature of card Holder: By checking this box I am electronically signing this document.

3. Credit Card Usage Disclaimer

I certify that I am the authorized holder and signer of the credit card reference above. I certify that all information above is complete and accurate.

I hereby authorize ECCO Machinery™ to collect payment for all charges (parts and labor) related to this service call.

I forfeit the right to use the credit card bank chargeback policies; a technician's report will be completed and a copy will be forward to you by email for your records.

An invoice will be mailed to the address above within 5 business days.

All payments and charges by credit card will be in Canadian dollars.

