

Credit Card Authorization Form

To be completed by the cardholder only. You must print and sign before faxing with application form. Payments in Canadian Dollars only. Please Fax to (647) 439-1548

Credit card name: _____

Credit card number: _____

Expiration Date: _____

Month: _____

Year: _____

Digit Batch Code: (for Amex, quote the 4 digits after card number. All other credit cards, quote the last 3 digits found at the reverse of your card/signature strip) _____

Card Holder's Name: _____

Card Billing Address: _____

Select Service Require: ☐ Caregiver Application Fee \$250 ☐ Employer's Application Fee \$250

☐ Employer-Agency Fee \$750 ☐ Payroll Set-up Fee \$50 ☐ Other _____

Enter Total in CAN\$: _____

I authorize "Eden Brook Care" to charge the above amount to my credit card. I am fully aware of the Terms and Conditions of "Eden Brook Care".

Card Holder's Signature: _____

Signature: _____

Date: _____

Please return using one of the methods below:

Mail:

Eden Brook Care
545-3364 Keele Street,
Toronto, Ontario
M3J 1L5, Canada

Fax:

(647) 439-1548

e.Mail: info@edenbrookcare.com