

AUTHORIZATION OF CREDIT CARD

I (we) give my (our) approval and authorization to M & Co. Chartered Accountants Professional Corporation to charge my (our) credit card listed below for any and all accounting fees and disbursements incurred by me (us) as a result of work undertaken by M & Co. Chartered Accountants Professional Corporation and reflected on any invoices transmitted to me (us) by M & Co. Chartered Accountants Professional Corporation. I (we) also acknowledge and agree that M & Co. Chartered Accountants Professional Corporation has the right to charge the credit card listed below on the date of transmittal of an invoice. Transmittal shall include, but not be limited to, fax or depositing for delivery in regular mail. Notwithstanding the above, authorization of use of my (our) credit card can be for a limited purpose either set forth below or received by M & Co. Chartered Accountants Professional Corporation in a separate instruction letter from you.

Please either mail or fax to our office at (905) 474-5591. Attention: Credit Card Processing Dept.

<hr/> Credit Card Number	<hr/> Expiration Date (MM/YY)
<hr/> Signature of name as appears on the credit card	<hr/> Card Holder Name

Type of card (select one):

- Amex
- Visa
- MasterCard

CSV Number (Back of Card – 3 Digit #) _____