



81 Gaylord Rd. St. Thomas, ON, N5P 3S3
Ph.: (519) 631-1144 Fax: (519) 631-6066

Pre-Authorized Payment Authorization

Payer Names(s) : _____

Address: _____

City & Province: _____ Phone No.: _____

I (we) authorize **Dockside Trailer Rentals Inc.** to process a debit, in paper, electronic or other form in the amount of: \$ _____ on the **25th** of each month for a period of _____ months, beginning on the: _____.

This payment is made on behalf of: _____ an Individual _____ a Business

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

Name(s) of Authorized Signing Officer(s) _____

Signature(s) of Authorized Signing Officer(s) _____

Date : _____