



**Dockside Trailer Sales Inc.**

**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 Sales Inc.** to process a debit, in paper, electronic or other form in the amount of: \$ \_\_\_\_\_ on the \_\_\_\_\_ 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 : \_\_\_\_\_