



container rentals ■ sales ■ solutions

(ADM Marketing Inc. o/a "ADM Storage")

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ Province: _____ Postal Code: _____

Direct Telephone: (____) _____ - _____

PROCESSING INFORMATION

I authorize a one-time charge against my credit card for the follow amount \$ _____

I authorize a recurring charge against my credit card for the following amount

\$ _____ once every 1st or 15th of the month beginning

_____/_____/_____, until contract has been fulfilled or has come to an end.
(day) (month) (year)

Email address to send receipts: _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ___/___/___

Security Code: _____