



Account Payment Agreement & Schedule

By completion of this document I, _____
(Account Holder or Representative)

On behalf of _____, do hereby
authorize **Andre Tardiff Agency**, to pay weekly purchase invoices using
the credit card listed below

Credit Card - _____

Credit Card #- _____

Expiry Date- _____

Dated at _____ this _____ day of _____, 20__ .

Signature _____
Account Holder(s)

Signature _____
Andre Tardiff Agency Representative

Signature of Witness _____