

41527- 923, 12<sup>TH</sup> Street New Westminster BC V3M 6L1
Phone: 604-318-8545
No Activation Fee – No Contract – No Cancellation Fee

## **Customer Information**

Date	DIII	ing Type: (Mon	uniy) (Quarterry)( r	earry)
First Name	o:	Last Nam	e:	
Company:_			O''	
Address:			City:	
Prov/State	: 		Postal/Zip:	
Country:				
Phone:		_ E-mail:		
Emergency Name:				
Cell:	Work:		Home:	<del></del>
Name:			**	
Cell:	Work:		_ Home:	
Company	Hao Only Dolovy this lin			
Company Platform:	Use Only Below this lin	e: Passwor	d.	
Plauomii:	user:	Passwor	u:	
Unit	Model		Number	
1				
2				
3				
4				
5				
6				
7				
2 3 4 5 6 7 8 9				
9				
10				

Special Information:



## **CREDIT CARD AUTHORIZATION:**

Regulations pertaining to credit card purchases require Golden West Investigative Group Ltd – GPS TRACKING CENTRE, to obtain the following information in order to process any credit card purchases without possession of the card and the embedded information on the magnetic strip.

Card Type: Visa Master Card	-	
Card Number:	Expiry:	_ CSV:
Address		_
Name as it appears on the card:		
Card Billing Address:		
Address 2:		
City	Province / State:	
Postal / Zip:	_ Country:	
I certify that all information provided herein Investigative Group Ltd to charge this card		•
Authorized Signature of Card Holder	DATE:	 :

PRINT NAME OF CARD HOLDER



## **Recurring Credit Card Charge Authorization:**

By my signature affixed, I authorize Golden West Invest	igative Group Ltd – GPS TRACKING	
CENTRE, to charge my credit card ending in (last numb Tracking Plan on a recurring basis.	ers on the card) for m	y GPS
I wish to have my credit card charged: Monthly	_ QuarterlyYearly	
Card Type: Visa Master Card I understand that the TRACKING PLAN I have chosen applicable taxes PER UNIT.	will incur a fee of \$ per month	ı plus
I further understand that, should I choose Quarterly or Ye decide to cancel my plan prior to the end of that term, the	•	ld I
Cancellation Policy: As we PRE-PAY for your data, we require 30 days notice - GPS TRACKING CENTRE does not charge a Cancel		
Authorized Signature of Card Holder	DATE:	
PRINT NAME OF CARD HOLDER		