



## LOAD SURFER SUBSCRIPTION FORM

Company Legal Name: \_\_\_\_\_

Company DBA Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact e-mail: \_\_\_\_\_

**Users/Billing Frequency (circle one)\*:**

Users	Monthly	Quarterly	Annual
1	35.00	90.00	300.00
2	70.00	180.00	600.00
3	105.00	270.00	900.00
5	125.00	337.50	1,200.00
Additional	25.00	67.50	240.00

Number of additional users (if applicable): \_\_\_\_\_

**Payment Method (select one):**

- Credit Card (please complete credit card authorization form)
- Pre-Authorized Bank Withdrawal (please complete pre-authorized debit form)
- Bill me (available for annual billing only)

I agree to abide by the terms and conditions of the Load Surfer Community as published on [www.loadsurfer.com](http://www.loadsurfer.com) under "license agreement". I further understand that I may cancel my Load Surfer subscription at any time by emailing my cancellation request to [cancellations@loadsurfer.com](mailto:cancellations@loadsurfer.com) at least 3 business days prior to my next billing date. I further understand that there will be no refunds for any fees paid prior to cancellation.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*PLEASE FAX COMPLETED FORM TO 905-693-8141 OR EMAIL TO [SALES@LOADSURFER.COM](mailto:SALES@LOADSURFER.COM) \*\*\*



Tel: 416-848-7792  
Fax: 905-693-8141 | Toll-Free: 1-800-705-7782  
Web: [www.loadsurfer.com](http://www.loadsurfer.com) | Email: [info@loadsurfer.com](mailto:info@loadsurfer.com)  
310 Main Street East, Suite 104, Milton, ON L9T 1P4



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## CREDIT CARD CHARGE FORM

I hereby authorize Load Surfer Corporation to charge my Load Surfer subscription fees plus applicable taxes to the following credit card at the beginning of each billing period until such time as I terminate my subscription as per the Load Surfer cancellation policy published at [www.loadsurfer.com](http://www.loadsurfer.com).

**Credit Card Type (CIRCLE one):**



**Credit Card Number:**

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**Expiry Date:**

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**Name on Card:**

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**Signature:**

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**PRE-AUTHORIZED BANK PAYMENT**

I hereby authorize Load Surfer Corporation to debit our Load Surfer subscription fees plus applicable taxes to the following bank account at the beginning of each billing period until such time as I terminate my subscription as per the Load Surfer cancellation policy published at [www.loadsurfer.com](http://www.loadsurfer.com).

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
\_\_\_\_\_

Branch Transit (5 digits): \_\_\_\_\_

Institution # (3 Digits): \_\_\_\_\_

Account #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

ATTACH VOID CHEQUE HERE

\*\*\*PLEASE ATTACH VOID CHEQUE AND FAX TO 905-693-8141 OR SEND BY EMAIL TO [SALES@LOADSURFER.COM](mailto:SALES@LOADSURFER.COM) \*\*\*



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