

CLIENT INFORMATION	
Company Name:	
Contact Person:	Phone:
Broker Name:	Province:
Credit Card Information	
Please charge \$250.00 to my credit card as payment for FlexSave™ Set Up Fee Card Type: MasterCard VISA	
The following information should be submitted as it appears on your credit card statement: Cardholder Name:	
Address: Street Number Street Name	
Postal Code:	
Card Number:	
Expiry: Security Code:	
Signature: X	
By signing you agree that the amount specified above will be charged to your application will not be processed.	credit card. If payment is rejected, your FlexSave™
Date:	

Insert completed form in a separate envelope with FlexSave™ application and mark attention FINANCE DEPT.

Courier is preferred method of sending credit card information Credit card information will not be maintained by HUB Financial Inc. Questions: call 1 (800) 561-2405 Option # 2 (FlexSave™)



DD/MMM/YYYY