

Setup Fee Credit Card Payment

FlexSave™

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:

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Expiry:

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 Security Code:

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MM YY

Signature: **X** _____

By signing you agree that the amount specified above will be charged to your credit card. If payment is rejected, your FlexSave™ application will not be processed.

Date: _____
 DD/MMM/YYYY

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™**)