



One-Time Payment Via Credit Card

Now you can make a payment to your account balance using your Visa or MasterCard.

Simply fill out this form and submit to our offices to make a payment to your account using your Visa or Mastercard.

Card Type (circle one): **Visa** **Master Card**

Credit Card Number: _____

Expiry: ____/____ (mm/yy)

Name on card (please print): _____

ParaFX.com Account number (or Domain): _____

Payment for Invoice Number(s)(if applicable): _____

Total Amount to charge (Payment Amount): \$ _____

I hereby authorize ParaFX.com to initiate debit entries to my credit card as indicated above and to credit ParaFX.com. I understand that I am responsible for the charges incurred by my account and that should I dispute any charges I have 30 days (thirty days) to resolve such transactions against my credit card which I feel are in error.

I further understand that this form is for the sole purpose of authorization of a **one-time** charge of the amount I have indicated above. This form is to be used for payment of invoice(s), and is not to be used for authorization of monthly recurring billing. For monthly authorization, please contact ParaFX.com and request the monthly authorization form.

Signature of Card Holder: _____

Date: _____

Upon completion of this form, please fax to: (905) 677-6345 for processing or you can mail it to the following address:

**ParaFX.com
6415 Northwest Drive
Unit 18
Mississauga, ON L4V 1X1**