

Les Entrepôts Carex Inc.

LEASE MODIFICATION AUTHORIZATION

receptionlaval@entrepotcarex.ca

Unit # : _____

Hereafter known as:

Lessee's name: _____

Company's name (if applicable): _____

Driver's permit: _____

Requesting a modification for personal information:

Change of Address: _____

Phone: _____ Cel: _____

E-mail Address: _____

Requesting a modification for credit card:

THE LESSEE AUTHORIZES TO CHARGE THE PAYMENT TO THE FOLLOWING REPLACEMENT NUMBER

VISA MASTERCARD

Card number: _____ Exp. _____ / _____
Month Year

New card belonging to: _____

3-digit code on back of card: _____

PLEASE PROVIDE A LEGIBLE PHOTOCOPY OF THE FRONT/BACK OF THE NEW CREDIT CARD

Requesting a modification for method of payment:

- The payments will be charged automatically to my credit card as registered on the lease
- I will submit a series of cheques
- I will pay at the office (e-mail address is mandatory)
- I will call by phone to authorize the payment charged on my credit card as registered on the lease

Date

Lessee's signature

Location agent