

Request for TMS Funding via Credit Card

All fields are required! Requests with missing or illegible data cannot be processed.

Today's Date: _____

TMS Account # _____ Company Name: _____

Contact Name: (please print) _____

Contact Phone: (____) ____ - ____ Contact Fax: (____) ____ - ____

Amount of Postage Requested: \$ _____

Electronic Delivery Charge: (\$30 per \$1000) \$ _____

The Electronic Delivery Charge is \$30 per \$1000, or any portion thereof.

Total Amount to be charged to card: \$ _____

(Note: Forms with incorrect totals cannot be processed)

Card Type: VISA MasterCard American Express

Card Number: _____ - _____ - _____ - _____ Exp. Date: ____ / ____

Name on card (PRINTED) _____

I, as a representative of my company (named above) hereby authorize Hasler, Inc. to withdraw the "total amount to be charged to card above" from my credit card account. Furthermore, I understand that the electronic delivery charge is payment for processing and delivering this cash advance to my TMS postage account and will not be available for my use as postage. The undersigned further acknowledges that the company will be entitled to one credit card transaction for postage every 30 days.

My signature below confirms that I understand the terms of this advance and that I agree to repay the "total amount to be charged to card" listed above.

Authorized Signature: X _____

Please allow 60 minutes for the funds to be available to your account.

Fax this completed form to Hasler at (800) 237-0692.

Hasler Use Only:

CO# _____ CC Approval Code: _____ Processed by: _____