



CREDIT CARD AUTHORIZATION

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC		DEBIT	OTHER
COMPANY NAME					

ACCOUNT NUMBER					
EXPIRATION DATE					
BILLING ADDRESS					
CITY		PROV.		P/C	
PHONE		FAX		EMAIL	

AUTHORIZED USER OF CREDIT CARD		
INVOICE #	DESCRIPTION	AMOUNT \$
TOTAL AUTHORIZED AMOUNT		

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "TOTAL AUTHORIZED AMOUNT" field. I understand this is only for the full amount of the invoice numbers referenced above. If additional charges are going to be authorized a new form will have to be completed.</p>

CARDHOLDER NAME			
SIGNATURE		DATE	