

CREDIT CARD AUTHORIZATION

Company Name: _____

Account Number: _____

Contact Name: _____

Phone Number/Email Address: _____

Please charge the credit card listed below for services rendered on our account:

one time charge, in the amount of \$ _____

For invoice number(s): _____

automatically process all recurring invoices on date due.

Card Type: VISA MASTERCARD

Cardholder's Name: _____

Credit Card #: _____

Expiration Date: _____

Card CSC #: _____
(3-digits located on the back of your card, required for processing)

Authorized Signature

Date

Please fax the signed credit card authorization to 604-273-0499.