

Tel: (905) 641-0024

Fax: (905) 641-0038



## CREDIT CARD AUTHORIZATION FORM

**Company Name:** \_\_\_\_\_

**Credit Card Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Province:** \_\_\_\_\_

**Postal/ Zip Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Credit Card Type:** \_\_\_\_\_

**Card Holders Name:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**3 digit CCV Number:** \_\_\_\_\_

**Postal/Zip Code of Billing Address:** \_\_\_\_\_

**Amount to Charge:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ ext. \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Delivery Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Province:** \_\_\_\_\_

**Postal/ Zip Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Preferred Shipping Company:** \_\_\_\_\_

**Shipping Account Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_