



200 Edgeley Blvd, Suite 22
Concord, ON, L4K3Y8
Canada

Credit Card Authorization Form

Date: ____/____/____

I, _____,

Printed Name

Check only one:

- As the Individual cardholder, I hereby authorize this card to be used for the deposit required.
- As the company representative, I hereby authorize this card to be used for the deposit required.

Credit Card Information:

Name as it appears on the Card:

Type of Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number ____ - ____ - ____ - ____ Expiration Date ____/____

Security Code BACK of Visa OR Master Card: (3 digits) _____

Security Code FRONT of Amex Card: (4 digits) _____

Credit Card Billing Address: Street: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email _____

Cardholder or Company Representatives Signature: _____

Date: ____/____/____

- I hereby authorize this card to be used for the future deposits and/or final payment.

Sign to authorize future charges

Cardholder's Name: _____