

CREDIT CARD AUTHORIZATION PAYMENT FOR CLIENT

CLIENT NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE _____

TELEPHONE: _____ EXT: _____ FAX: _____

CREDIT CARD: AMEX VISA M/CARD

CARD HOLDER NAME: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ / _____
MONTH YEAR

CARDHOLDER SIGNATURE: _____

Payment will be billed to your credit card at the end of each month.