

CREDIT CARD AUTHORIZATION

Please complete all fields.

BILLING INFORMATION	
ADDRESS	
CITY, PROVINCE, POSTAL CODE	
PHONE #	EMAIL

CREDIT CARD INFORMATION				
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> OTHER
CARDHOLDER NAME				
CARD NUMBER				
EXPIRATION DATE (MM/YYYY)	SECURITY CODE	BILLING POSTAL CODE		

I, _____, authorize _____
to charge my credit card above for agreed upon purchases. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Customer Signature

Date