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## CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT WHEN FILLING OUT

Mr.  Mrs.  Ms.  Company \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Province Postal Code

\_\_\_\_\_  
Phone Number Fax Number Email Address

Visa  Mastercard

\_\_\_\_\_  
Credit Card Number Expiry Date

\_\_\_\_\_  
Cardholders Name (Please Print)

\_\_\_\_\_  
Cardholder's Signature Date

FOR OFFICE USE ONLY:

Authorization Number: \_\_\_\_\_

Date Processed: \_\_\_\_\_