

## Authorization for periodic credit card charges

\* = required

Business Name \_\_\_\_\_

Charges to \_\_\_\_\_ Period: 1<sup>st</sup> day of Month \_\_\_\_\_ Quarter \_\_\_\_\_

Commence on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy) \_\_\_\_\_

Semi-Annual \_\_\_\_\_ Annual \_\_\_\_\_

**Card Information:**

First Name\* \_\_\_\_\_ No. & Street\* \_\_\_\_\_

Last Name\* \_\_\_\_\_ Address (cont'd) \_\_\_\_\_

Phone Number\* \_\_\_\_\_ City\* \_\_\_\_\_

Email \_\_\_\_\_ Province/State\* \_\_\_\_\_

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

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

Amount \* \$ \_\_\_\_\_

Card Type \* Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amex \_\_\_\_\_

Card Number \* \_\_\_\_\_

Expiry Date \* (format MM/YY) \_\_\_\_\_ / \_\_\_\_\_

CVD \* (3 digits on back of card or 4 on front for AMEX) \_\_\_\_\_

Card holder's signature \_\_\_\_\_ Date \_\_\_\_\_

I also authorize other charges to this credit card such as customization provided prior approval is given in writing or via email. Yes \_\_\_\_\_ Initials \_\_\_\_\_

**For your protection, please fax this page as well as both the front and back of the credit card so we have the cardholder's signature of file to 604-299-4409.**