

Fax Credit Card Authorization Form

Fax to 705-742-7343

Customer Name: _____ **Account #** _____

Payment Amount: _____

Check only one:

- As the **Individual cardholder**, I hereby authorize this card to be used for the Payment Amount below.
- As the **Company representative**, I _____ hereby authorize this card to be used for Payment Amount below. (Please Print)

Credit Card Information:

Name as it appears on the Card:

Type of Card: VISA MASTERCARD 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) _____ BACK of Amex(3 digits) _____

Credit Card Billing Address: Street: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

Cardholder or Company Representatives Signature: _____

Date: _____ / _____ / _____

I hereby authorize this card number to be kept on file for future payments. With this option we require an email or fax stating the date to be processed and the amount to be paid for every payment. We do not set up automatic payments and a payment is never processed without an authorization email or fax.

Sign to authorize future charges _____