

2465 Cawthra Road, Unit #114, Mississauga, Ont. L5A 3P2

Tel#: 905-949-2741 Fax#: 905-272-1866

CUSTOMERS CREDIT CARD AUTHORIZATION FORM

Attn: Accounting	
COMPANY NAME:	
Address:	
Tel#:_	
Fax#: _	
email Address:	
VISA	Master Card
CREDIT CARD NUMBER:	
EXPIRY DATE:	
Month Year	CARD HOLDER NAME:
Amount:	
Invoice # / Reference:	
Date Authorized:	
Ι,	authorize Canadian Safety Equipment Inc. to process the above
mentioned Credit Card for pay	ments owing.
Signature:	Print Name:

PLEASE COMPLETE FORM AND FAX TO 905-272-1866