

# CUSTOMERS CREDIT CARD AUTHORIZATION FORM

**Attn: Accounting**

COMPANY NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Tel#: \_\_\_\_\_

Fax#: \_\_\_\_\_

email Address: \_\_\_\_\_





CREDIT CARD NUMBER:

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EXPIRY DATE:

Month

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Year

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CARD HOLDER NAME: \_\_\_\_\_

Amount: \_\_\_\_\_

Invoice # / Reference: \_\_\_\_\_

Date Authorized: \_\_\_\_\_

I, \_\_\_\_\_ authorize Canadian Safety Equipment Inc. to process the above mentioned Credit Card for payments owing.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**PLEASE COMPLETE FORM AND FAX TO 905-272-1866**