CREDIT CARD AUTHORIZATION

DATE	_
COMPANY NAME	_
INVOICE NUMBER PO NUMBER	_
AMOUNT AUTHORIZED	_
CARD TYPE	_
CREDIT CARD #	EXP DATE
NAME ON CARD	CSC
BILLING ADDRESS 1	
BILLING ADDRESS 2	
CITY	
STATE/PROVINCE	
COUNTRY	POSTAL
TELEPHONE	_
EMAIL ADDRESS	_
2370 MIDLAND AVENUE, SCARBOROUGH, ON - M1S5C	5 1 888 519 1149

Once your payment has been processed to your card you will receive a copy of the transaction with your paid invoice via Canada Post.

OUGH, ON -M1S5C6 | 1.888.519.1149 Thank you for your payment.