



3400 Midland Ave. Suite 7
Toronto, ON
M1V 4Y4 Canada
Ph# 416/292-8452
Fx# 416/292-9101

Credit Card Authorization Form

Company/Address:

Date: _____

Visa _____ American Express _____

Card No.: _____

Expiration Date: _____

Print Name of Cardholder _____

Signature: _____

Amount: \$ _____ Please keep on file for future orders _____

Please return to address above or fax to: (416)292-9101 or 1-866-903-3225.