



3400 Midland Ave. Suite 7
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www.decalfcraft.com email: orders@decalfcraft.com

Credit Card Authorization Form

Date: _____

Company Name & Address:

Ship to Address: (if different)

Phone#: _____

Visa ____ American Express ____ Mastercard ____ Discover ____

Card No.: _____

Expiration Date: _____ CV2(Security Code): _____

Print Name of Cardholder _____

Signature: _____

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

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

***** Your credit card will be charged upon shipping your product *****

Shipping Preference: (price may vary depending on package weight)

USPS Ground (4-5 bus. days): _____ USPS Express (2-3 bus.days)_____

UPS Express (1 bus.day): _____