



3829 Forest Parkway
Wheatfield, NY. 14120

1259 Sandhill Drive
Ancaster, ON. L9G 4V5

CREDIT CARD AUTHORIZATION

| | | | |
|----------|-----------------|---------------|--|
| Name: | | Title: | |
| Company: | | Phone Number: | |
| Address: | | | |
| City: | State/Province: | Zip/Postal: | |

| | | |
|--|-----------------|-------------|
| Name as it appears on the Credit Card: | | |
| If billing address is the same as above check here: <input type="checkbox"/> | | |
| Billing Address <u>if Different</u> from above: | | |
| City: | State/Province: | Zip/Postal: |

| | |
|--|--------------------------|
| Credit Card Type: <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa | |
| Card Number: | Expiration Date: |
| Signature: | Amount to be charged: \$ |
| Reason for Credit Card Charge: | |

Please Send Completed Form To Fax: (905) 648-7188

Questions.? Please Call: (800) 263-6238

Charge Will Appear On Credit Card As Top Tape & Label