



6553 Mississauga Rd Unit B
Mississauga, Ontario
L5N 1A6, Canada

Credit Card Authorization

I _____ authorize _____ to charge my credit
(Name) (Company)

card for services rendered but not to exceed amount shown.

Amount: \$ _____ USD or CAN

Credit Card Type: _____

Credit Card #: _____

Card CV2 #: _____

Expiration Date: _____

Billing Address: _____

Billing Postal Code: _____

Name on Card as it appears on card: _____

Signature

Date

Fax to:

Premier Markings Incorporated
905-817-0202

Below for office use only:
