



1011 Haultain Court, Unit #9,  
Mississauga, ON, L4W1W1,  
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:

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