

Your Name: _____ Today's date: _____
(mm/dd/yyyy)

- As the Individual card holder, I hereby authorize this card to be used for the payment required.
- As the company representative, I hereby authorize this card to be used for the payment required.

CREDIT CARD INFORMATION:

Name as it appears on the Card: _____

Type of Card: VISA MASTERCARD DISCOVER AMEX

Credit Card Number _____

Expiration Date (mm/yy) _____ / _____ Security Code _____

CREDIT CARD BILLING INFORMATION:

Street: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: (____) _____ - _____ Email: _____

CARDHOLDER OR COMPANY REPRESENTATIVE:

Signature: _____ Date: ____/____/____

FUTURE AUTHORIZATION:

Signature: _____ Date: ____/____/____

- I hereby authorize this card to be used for the future deposits and or final payment.

This Authorization can be emailed to info@corepumping.ca