

CREDIT AUTHORISATION
(PLEASE PRINT)

NAME ON CREDIT CARD _____
ADDRESS ATTACHED TO
CARD HOLDER _____
TELEPHONE NUMBER _____
FAX NUMBER _____
AMOUNT – CAN \$ _____
ORDER NUMBER _____

PLEASE CHARGE THE FOLLOWING CREDIT NUMBER(S)

VISA CARD _____ EXP. DATE _____
MASTER CARD _____ EXP. DATE _____
AMERICAN EXPRESS _____ EXP. DATE _____

AUTHORIZED SIGNATURE _____
DATE _____

Please fax completed form to: Claudette Edgehill Fax: 647 436-9011