

CREDIT CARD AUTHORIZATION FORM

DATE \_\_\_\_\_

CLIENT ACCT. # \_\_\_\_\_

CLIENT NAME : \_\_\_\_\_

INVOICE NUMBER \_\_\_\_\_

CARDHOLDER'S NAME

VISA NUMBER

MASTERCARD NUMBER

CREDIT CARD EXPIRTY DATE

INVOICE AMOUNT(S)

AMOUNT TO BE CHARGED

REQUESTED BY \_\_\_\_\_

BRANCH / OFFICE TORONTO ▼

**\*\* PLEASE NOTE THAT YOU MUST INFORM YOUR CLIENT THAT ALL COMMERCIAL ACCOUNTS WILL BE CHARGED A 2.5% SERVICE CHARGE ON THE TOTAL AMOUNT OF THE CREDIT CARD TRANSACTION**