



## Credit Card Authorization Form

Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Your Name: \_\_\_\_\_

- 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  AMERICAN EXPRESS

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Security Code BACK of Visa OR MasterCard: (3 digits) \_\_\_\_\_

Security Code FRONT of Amex Card: (4 digits) \_\_\_\_\_

**Credit Card Billing Address:** Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Cardholder or Company Representatives Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Please sign again for future authorization:

\_\_\_\_\_

This Authorization can be emailed to [info@smartdigitalsignage.ca](mailto:info@smartdigitalsignage.ca) or faxed to 416-248-1202