

Credit Card Authorization Form

Today's date: /	/				
Your Name:					
☐ As the Individual card holder, I	hereby autho	rize this c	ard to be used fo	r the paym	ent required.
☐ As the company representative	e, I hereby aut	horize this	s card to be used	for the pa	yment required.
Credit Card Information:					
Name as it appears on the Card:					
Type of Card: □ VISA □ MA			OVER AME	RICAN EXF	PRESS
Credit Card Number			Expiration D	ate	/
Security Code BACK of Visa OR	MasterCard: ((3 digits) _			<u> </u>
Security Code FRONT of Amex C	Card: (4 digits)				
Credit Card Billing Address: Str	eet:				
City:	Province: _		Postal Code:		
Telephone:		·			
Email:					
Cardholder or Company Represe	ntatives Signa	ature:			
Date://					
☐ I hereby authorize this card t	o be used for	the future	deposits and or	final payme	ent.
Please sign again for future author	ization:				

This Authorization can be emailed to sales@maininfrastructure.com our faxed to 416-248-1202