



## Credit Card Payment Form

Fax form to our Canadian office at 902-275-2242

Organization/BusinessName: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

## Cardholder Information

Preferred currency:  CAN\$  USD\$

Payment Method:  Visa  Mastercard

Authorized Amount: \_\_\_\_\_

Credit cardholder's name: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Credit card expiry date: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_