



1622 Michael St , Ottawa, Ontario, K1B 3T7

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## CREDIT CARD AUTHORISATION FORM

CARD HOLDER NAME \_\_\_\_\_

CREDIT CARD NO \_\_\_\_\_

EXPIRY DATE \_\_\_\_\_

SECURITY NUMBER (Last three number back of the card) \_\_\_\_\_

INVOICE NO \_\_\_\_\_

INVOICE AMOUNT \_\_\_\_\_

I authorize Compuzonic to charge my credit card for the above invoice amount.  
I agree to the terms and conditions set by the credit card company

Card holder signiture. \_\_\_\_\_