

# Megaforce Computers Inc

401 Alden Road , Unit 3 Markham

Ontario Canada L3R 4N4

Tel 905 948 8880 Fax 905 948 8860

## CREDIT CARD AUTHORIZATION FORM

I \_\_\_\_\_ (Company Name), authorize Megaforce Computers Inc to charge to the following described credit card for the purchase of products in the amount of \$ \_\_\_\_\_ CAD Dollars for Invoice/order # \_\_\_\_\_

Card Holder's Name On Card: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Credit Card Number: \_\_\_\_\_

Expire Date: \_\_\_\_\_

Cardholder's Contact Information, including billing address:

Street Address:

\_\_\_\_\_

Suite/Apt. No.:

\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Please fax this form back to 905 948 8860\*\*