



Canics™
"Linking Supply and Demand"

AUTHORIZATION TO BILL CREDIT CARD

If you are receiving this form it is that you have placed a PO with Canics, Inc and have agreed to pay by credit card.

Please print and fill in all of the sections below and fax back to 450-447-3547

******Your order will not be processed unless all sections are completed******

Reference Quote or Part ID: _____

Company Name: _____

Tel : _____ Fax : _____

Your PO reference: _____

Card holder's name: _____

Type of credit card: Visa Mastercard

Credit card number: _____

Security code: (3-4 digits on back of card) _____ Expiry: _____

Authorized transaction amount: _____ Currency: _____

Note: a 3% surcharge will apply for all credit card orders.

Card holder's signature: _____

Billing address of credit card: _____

Bank institution: _____

Bank Institution Phone number: _____

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