



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 REFERENCE QUOTE ID# _____

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

Company Name: _____

Tel : _____ Fax : _____

Your PO reference: _____

Your SHIP VIA: _____ Account : _____

Card holder's name: _____

Type of credit card: Visa Mastercard

Credit card number: _____

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

Authorized transaction amount _____ Currency: _____

Note: a 3% processing fee will apply to this order.

Card holder's signature: _____

Billing address of credit card:

Bank institution: _____

Bank Institution Phone number: _____

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

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