



Credit Card Authorization Form

All information provided herewith will remain strictly confidential

Cardholder Name: _____

Billing Address: _____

Credit Card Type: VISA MASTER

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to charge: \$ _____ (CAD)

I authorize “CICS” to charge the agreed amount listed above with the credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please complete the following:

Name: _____ (Please print)

Signature: _____

Date: _____

Once signed, please forward the completed form:

By email: bretta.leung@cicscanada.com OR

By Fax: (416) 292-9120

For inquiry, please contact: **Bretta Leung or Tony Fung at: (416) 292-7510 ext 119 / ext 112.**