

CREDIT CARD PAYMENT AUTHORIZATION FORM

From: CCTV Solutions Electronics Ltd.
Fax Number: +1(604) 249-1632
Sales Rep.:

To:
Tel:
Fax:

I (printed name) _____ give my permission to CCTV Solutions Electronics Ltd. to charge my credit card listed below for Invoice _____ in the total amount of \$ _____.

VISA ☐

MASTERCARD ☐

CREDIT CARD NUMBER: _____

CVC Security Number: _____

EXPIRY DATE: _____

CARD HOLDER NAME: _____

AUTHORIZED SIGNATURE: _____

TOTAL PAYMENT AMOUNT: _____

Date: _____

Invoice / PO #		Amount		Invoice / PO #		Amount

*** All credit card information will remain confidential and will not be released to any unauthorized party ***