Visual PRINTWORK

Tel: (905) 290-9364
Fax: (905) 602-7300

CREDIT CARD AUTHORIZATION FORM

Fill out all information below, sign and fax to the Visual Printwork at **(905) 602-7300**

CARD HOLDER INFORMATION

Card Type (check one): ☐ MasterCard ☐ Visa

Name (as appears on card): _____

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Card Expiry Date: ☐☐ / ☐☐ CVV2: ☐☐☐

Daytime Phone Number: (_____) _____

AUTHORIZATION

I, the designated cardholder of the above listed credit card, authorize the Visual Printwork to charge either the amount on Visual Printwork Sales Order _____ or the amount of $_____ to the above listed card.

Signature of cardholder: _____

If you wish a copy of your Credit Card receipt and Visual Printwork Sales Order to be mailed to you, fill out the section below:

Name: _____

Street Address: _____

_____

City: _____ Province: _____

Postal Code: _____ _____ Phone: (_____) _____

☐ **PLEASE CHARGE THIS CREDIT CARD FOR ALL FUTURE ORDERS.**

5456 Tomken Road Unit #9
Mississauga, Ontario, L4W 2Z5