

Credit Card Authorization Form

unity electric

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO US. All information will remain confidential.

Cardholder Name:	
Billing Address:	
Credit Card Type:	Visa Mastercard
Credit Card Number:	
Expiration Date:	Month: Year:
Card Identification Nun	nber (last 3 digits on back):
Amount to Charge: \$	(CDN)
As payment for the follo	owing Invoice #'s:
	Inc. to charge the agreed amount listed above to my credit card that I will pay for this purchase in accordance with the issuing bank
Cardholder – Print Nam	e, Sign and Date Below:
Signed:	
Dated:	
Name:	
Email to send receipt:	
Return this completed for	orm via:

Fax 888-545-9512 or

info@unityelectric.ca **Email**