

Credit Card Payment Authorization

Fax To:

Attn:

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Please fill in your information and fax back to **905-569-9702** Thank you.

Company Name

Credit card Visa Mastercard

Credit card billing address

Card Number

Expiry Date

I authorize Mammoth Imaging to charge my credit card and agree to pay credit card company in full.

Amount \$

Card Holder's Name

Card Holder's Signature

Date
