



**CREDIT CARD PAYMENT AUTHORIZATION FORM**  
**INFORMATION OF THE COMPANY AND THE AUTHORIZED**

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of authorized person: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**INFORMATION ON THE CREDIT CARD**

Type of credit card (check one): VISA  MASTERCARD

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ 3 digits security code (back): \_\_\_\_\_

**PAYMENT OPTIONS**

<b>ONCE PAYMENT</b>	<i>I authorize to apply the following amount on my credit card :</i>	\$
	<i>For the following invoice(s) number(s) :</i>	

The authorized person certifies that the information provided is accurate and complete and agrees that the company **VALTEC SOLUTIONS CONSTRUCTION INC.** apply the amounts specified in this form on my credit card.

**OR**

<i>I authorize to apply the amount on my credit card:</i>	<input type="checkbox"/> Each new invoice <input type="checkbox"/> Every 2 weeks
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Signature of authorized person: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

**Please return to Fax : (514) 852-4560 or Email : jessica.frappier@valtec.ca**