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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

ONCE PAYMENT	<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
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Signature of authorized person:

_____ Title: _____ Date: __ / __ / __

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