

CREDIT CARD AUTHORIZATION FORM

<u>CREDIT CARD NUMBER:</u>	
<u>COMPANY NAME / NAME:</u>	
<u>PERSON AUTHORIZING:</u>	
<u>CREDIT CARD TYPE:</u>	VISA [<input type="checkbox"/>] MASTERCARD [<input type="checkbox"/>] AMEX [<input type="checkbox"/>]
<u>CVC NUMBER:</u>	<i>(last 3 digits at the back of card or 4 digits in the front)</i>
<u>EXPIRATION DATE:</u>	
<u>AMOUNT TO CHARGE:</u>	
<u>INVOICE NUMBER:</u>	

Signee agrees that all information provided is accurate and complete. Signee also acknowledges that all orders may be immediately terminated at BLOWIT LTD's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to accounts@blowit.ca

Any changes in the status of thus card can also be reported to accounts@blowit.ca

Card Holder Signature: _____ **Date:** _____

Card Holder Name (Print) _____

Charge mentioned on statement will appear as "BLOWIT LTD"