

# Grease Ducks Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain private and confidential

Name on Card:  
(As it appears on the Card)

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Billing Address:  
(As it appears on your statement)

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Credit Card Type: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

I authorize Grease Ducks Ltd. to charge this credit card for invoices created for ongoing maintenance and products related to \_\_\_\_\_ to the credit card provided herein. I agree to pay for these purchases in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature:



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Date:

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Print Name:

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**Return the completed and signed form to the following:**

**Grease Ducks Ltd.**

200 – 100 Park Royal

West Vancouver, BC V7T 1A2

Bus. (604) 628-8881 Ext. 3

Fax. (604) 628-8882

Email: [billing@greaseducks.com](mailto:billing@greaseducks.com)