

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)

Billing Address:

(As it appears on your statement)

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:

Date:

Print Name:

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