

Linking People With Solutions : Commercial Printing • Promotional Products • Digital Media

		Credit Car	d Authorization	
		credit cut	a Authonization	
CUSTOMER INFO	ORMATION			
Company Nam	e:			
Address:				
	(City)		(Province)	(Postal Code)
Tel:			_Fax:	
Contact:				
CREDIT CARD IN	IFORMATION			
Card Type:			Visa	
			Mastercard	
Card #:				
<b>Expiration Date</b>			_Security Code:	
Name of Cardh	older:			
Billing Address:			(Drovingo)	(Destel Cada)
	(City)		(Province)	(Postal Code)
AUTHORIZATION	I			
I,(Cardholde	er's Name)	_, hereby auth	orize Superlink Co	mmunication & Printing Inc.
to charge my c	redit card sp		for the amount of	\$for the
services or purchases from Superlink.				

## **CARDHOLDER'S SIGNATURE**

DATE

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