

Blanket Credit Card Authorization

CUSTOMER INFORMATION

Company Name: _____

Address: _____

_____ (City) _____ (Province) _____ (Postal Code)

Tel: _____ Fax: _____

Contact: _____

CREDIT CARD INFORMATION

Card Type: Visa

Mastercard

Card #: _____

Expiration Date: _____ Security Code: _____

Name of Cardholder: _____

Billing Address: _____

_____ (City) _____ (Province) _____ (Postal Code)

AUTHORIZATION

I, _____, hereby grant blanket authority to
(Cardholder's Name)

**Superlink Communication & Printing Inc. to charge my credit card specified above for
any and all invoices due.**

CARDHOLDER'S SIGNATURE

DATE