

CREDIT CARD AUTHORIZATION FORM

Cardholder Information:

Full Name: _____
Billing Address: _____
City: _____ **Province:** _____
Postal Code: _____
Phone Number: _____
Email Address: _____

Credit Card Information:

Card Type: _____
Cardholder Name (as on card): _____
Card Number: _____
Expiration Date (MM/YY): _____ **CVV:** _____

Authorization:

I authorize the merchant to charge the credit card above for the agreed amount. I acknowledge that this authorization is for a single transaction only and is valid for this purchase. I certify that I am the authorized cardholder and will not dispute the payment with my credit card company provided the transaction corresponds to the terms indicated in this form.

Terms and Conditions:

This authorization is governed by Canadian federal and provincial laws. The cardholder's personal information will be handled in accordance with applicable privacy laws, and will only be used for the purpose of processing this payment. The merchant agrees to comply with all applicable card network rules and regulations. This form shall be retained for the legally required period and may be used as evidence of authorization.

Signature and Acknowledgement:

Cardholder Signature: _____

Print Name: _____

Date (MM/DD/YYYY): _____

AUTHORIZED SIGNATORY

MERCHANT REPRESENTATIVE

Signature: _____

Signature: _____

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