

Credit Card withdrawal authorization form

Contact

Date (YYYY/MM/DD)

Company

Number of pages

Telephone

Fax

Sender

Email

Pre-authorized credit card payment

Please complete and return in any of the following ways:

By email: info@geneq.com

By fax: 514-354-6948

Credit card holder

Credit card number

Expiration date (MM/YY)

Please indicate which credit card you are using:

Amount \$ CAD (Taxes included)



Signature

The above mentioned signatory authorizes us to debit his/her credit and agrees to pay the amount indicated above.

Information

Company name

Your P.O. number

Address

City

Province / State

Postal Code

Your carrier

Your account number