Web: www. imagecreations. ca
E-mail: info@imagecreations.ca
*Phone: 403-938-1015 * Fax: 403-938-1016*
*100, 32020-314 Ave E * Okotoks, AB T1S 1A2*

CREDIT CARD AUTHORIZATION FORM

By using your credit card as method of payment with Image Creations Inc., we would appreciate your authorization by completing the required information below and retuning to us.

Circle One: Visa Master Card

Card # _____ Expiry Date _____ /_____

Verification Code: _____ (last three digits on the number located on the signature line on the back of credit card)

Name on Card: _____

Card Billing Address: _____

_____

Company Name: _____

Shipping Address: _____ ☐ commercial ☐ residential

City: _____ Prov: _____ P/C: _____

Phone: (_____) _____ Fax: (_____) _____

E-Mail Address: _____

Image Creations Inc. is hereby authorized to accept orders from my/our business, charge the cost of this/these order(s) to the above credit card account and ship the merchandise as requested. By signing this document I/we accept full responsibility for this/these transactions and ensure full payment to Image Creations Inc. I/we will inform Image creations immediately if use of this card is no longer authorized.

I hereby authorize Image Creations Inc. to use this credit card account (check one)

☐ ***until further notice*** ☐ ***for this purchase only***

Signature: _____ Date: _____

YOUR ORDER WILL NOT BE PROCESSED UNTIL ALL REQUIRED DOCUMENTATION HAS BEEN RECEIVED

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