



1220 Corporate Drive,
Burlington, Ontario, Canada, L7L 5R6

Phone: 905-631-8494
Fax: 905-631-8495
Email: sales@ictpower.com
Website: www.ictpower.com

Date: _____ Company Name: _____

Phone: _____ Fax: _____

Credit Card Authorization Form

I _____, authorize ICT Power Company Inc. to charge the amount of

\$ _____ US CDN (please check), plus applicable taxes to my credit card,

for the purchase of goods against our company's purchase order #: _____

GST/HST or FED ID #: _____

Email for invoice: _____

Courier Name: _____ Acct #: _____

Credit type Card: VISA Master Card

Shipment to be insured for full value? YES NO

Card Number: _____ Expiry Date: ___/___ CVD: _____

(3 Digits on back of Card)

Name that appears on card (Please print):

I confirm that I am the authorized and legal card holder (Owner) of this credit card.

Card Holder's Signature

(Digital Signatures NOT accepted)

OFFICE USE ONLY

Authorization Number #: _____ Date: _____

Invoice #: _____ Sales Order #: _____