



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

Phone: 905-631-8494  
Fax: 905-631-8495  
Email: [sales@ictpower.com](mailto:sales@ictpower.com)  
Website: [www.ictpower.com](http://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 #: \_\_\_\_\_