SAFE STOR RECORDS MANAGEMENT

2704 Hwy 20
Fonthill, ON
L0S 1E6

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION

CREDIT CARD TYPE: ____ VISA ____ MASTERCARD (Visa/MasterCard Only)

CREDIT CARD NUMBER: _____|_____|_____|_____ EXP: _____|_____

CARD HOLDER NAME: _____ CVC: _____

CUSTOMER BILLING INFORMATION

E/MAIL ADDRESS ***(For Invoicing)*** _____

CUSTOMER CODE: _____

CUSTOMER BUSINESS NAME: _____

BILLING ADDRESS: _____

CITY_____ P.C_____

PHONE NUMBER: _____ **FAX NUMBER:** _____

I, _____ authorize my credit card to be charged for storage and services at SafeStor Records Management. I acknowledge that I will receive a copy of the invoice and that invoice will act as my record of transaction.

_____ _____
Signature Date