

## **CREDIT CARD AUTHORIZATION**

## **ASI Customer Information**

Customer Account #:	Date:		
Company Name:			
Credit Card Information	1		
Credit Card <b>MUST</b> be a company cred	it card or the personal card of an owner, pr	incipal, or officer	of the company.
Credit Card Type:	∃		
Card Type: Company/Corporate	e Personal		
Card Number:	Expiration Date:	CCID#	(on back of CC)
Card Holder Name (as it appears on c	ard):		
Card Holder Billing Address:			
City:	Province:	Postal Code:	
from BUYER'S credit card issuer for God its agents. BUYER acknowledges that AS replacements thereto and the proceeds their in ASI's standard terms and conditions of sa	harge my Master Card/ Visa accoun	amounts due up ne Goods (includin I such obligations,	on demand by ASI or g all accessions and as set forth more fully
Cardholder Signature:		Date:	
☐ Please retain my authorization	for future orders. Signature:		
Please fax signed author  Canada – West (BC/AB/SK) (604) 214-0345	ization form to the location  Canada – East (MB/ON/PQ/Maritime) (514) 748-5600	Toronto	cing order. & Montreal 748-5600