
CREDIT CARD PAYMENT AUTHORIZATION

To: ACCOUNTANT

Achieve Electrical Products Inc.
101-3650 Bonneville Place
Burnaby, BC V3N 4T7

Phone: 604-420-5228
Fax: 604-282-7710
office@achievelighting.com

This is to **authorize** ACHIEVE ELECTRICAL PRODUCTS INC. to charge my credit card for payment on account or C.O.D orders by VISA or MasterCard.

Company Name: _____

Address: _____

Phone No. _____

Cell No. _____

Fax No. _____

Date: _____

Credit Card Information:

____ VISA ____ MasterCard

Card Holder: _____

Card No. _____

Expiry Date: _____

Security Code (On Back of Credit Card): _____

Amount to Be Charged: \$ _____

Customer Signature: _____