

CREDIT CARD AUTHORIZATION FORM

CUSTOMER ACCT # _____

Date: _____

Business Name: _____

Email Address: _____

I, _____, hereby authorize SUCCESS Office Systems Inc. to charge my credit card account in the amount of \$_____ [applicable sales taxes included / excluded].

Type of Credit Card: Visa Master Card

Credit Card Number: _____

Expiry Date: (MM/YYYY) _____

Security Code (CVV): _____

Credit Card Billing Address: Same as Attached, or please fill in below if different:

Street: _____

City: _____ Prov.: _____

Postal Code: _____ Phone#: _____

Card Holder's Signature

Date: MM / DD / YYYY

Please make a copy of the front & back of the credit card and email or fax back to us at:

KOlsen@successos.com or fax – 1-306-721-8022.

Thanking you in advance for your assistance and your continued business. Please do not hesitate to contact us at 1.306.721.4066 if you have any questions, comments or concerns.