



Fitch Surveillance Systems Inc.

14 Meteor Drive

Toronto, Ontario

M9W 1A4

(416) 235-1818 Fax: (416) 235-1226

## Credit Card Authorization Form

Date	Fitch Invoice #

Account Name			
Contact Name			
Address			
City	Province	Postal Code	Phone Number

Credit Card:  Visa  MasterCard

Cardholder Name		
Card Number	Security Code	Expiry Date
		/
Cardholder Signature		

Please fill out and sign this Authorization form where noted, then fax back to Fitch Surveillance Systems Inc at 416-235-1226, Please be sure to include the invoice number

**Please note:** By signing this Authorization Form, you authorize Fitch Surveillance Systems Inc. to charge the above referenced credit card for the amount specified in the invoice referenced.

If for any reason the fees and charges specified on the invoice cannot be charged against the above reference credit card, you are still responsible for payment in accordance with your Terms and Conditions, and will be contacted immediately in order to provide an alternative payment method.

For Accounting Use only:

Date processed	Processed by