



# Canadian Forensics Inc

## *Credit Card Authorization Form*

### CARDHOLDER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address (if different from above)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ :

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### PAYMENT INFORMATION

Purpose of Payment:  Background Check  DNA Testing  Fingerprinting  Other

I authorize Canadian Forensics Inc. to charge my credit card for the amount \$ \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder's Signature X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Security Code: \_\_\_\_\_