

## Company Information:

Company Name:		Phone Number:	Fax Number:	
Mailing Address:	City:	Province:	Postal Code:	Country:
Contact Name	Contact Title:	Email Address:		
Other Information:				

## Cardholder Information:

Surname:	Given Name & Initial:	Home Phone Number:	Fax Number:	
Mailing Address:	City:	Province:	Postal Code:	Country:

## Card Information:

Card Number	Issuing Bank:
Name Appearing on Card:	Card Expiry Date:
Name Appearing on Card:	

We require your written authorization to process Visa and Mastercard purchases by telephone or by completion of a job for which a Purchase Order was made. By completing this information, you authorize B.R. Printing Plates Co. Ltd. to process Visa or Mastercard purchase transactions at the time of invoicing or as prearranged on order.

## Authorization:

Cardholder will pay to the issuer of the charge card presented herewith the amount stated heron in accordance with the issuer's agreement with the cardholder. A copy of the Visa or Mastercard transaction slip will be promptly mailed to the Company address with the bill of sale. The cardholder authorizes the Company contact (if different from cardholder) to issue Purchase Orders in the name of the company for billing to the above Visa or Mastercard account upon completion of the job.

Name (print)	Cardholder Signature:	Date:
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