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CREDIT CARD AUTHORIZATION FORM

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THE CARDHOLDER ACCEPTS CHARGES FOR TRANSACTIONS AUTHORIZED BY TRANSGLOBAL SYSTEMS OF CANADA INC.

COMPANY NAME: _____

SHIP TO ADDRESS: _____

CARDHOLDER: _____ TELEPHONE#: _____

CARDHOLDER BILLING ADDRESS : _____

VISA / MASTERCARD / NUMBER: _____



EXPIRY DATE: _____ THREE DIGIT SECURITY CODE: _____

AUTHORIZED CARDHOLDER SIGNATURE: _____

DATE: _____ EMAIL FOR INVOICE: _____

THIS CREDIT CARD WILL BE USED:

ONE TIME PURCHASE FOR

BLANKET ALL ORDERS

ORDER # _____

AMOUNT: _____

RETURN THE COMPLETED DOCUMENT FOR PROCESSING TO THE CUSTOMER SERVICE DEPARTMENT

EMAIL: CUST_SERV@TSOC.COM