

# CARD HOLDER AUTHORIZATION FORM



523 The Queensway  
Suite 102  
Toronto, ON CANADA  
M8Y 1J7  
PH: 416-255-5636  
FX: 416-255-8780

Card Holder Name: \_\_\_\_\_

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

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

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

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

Amount \$USD: \_\_\_\_\_

Visa/Mastercard#: \_\_\_\_\_

CVV(3Digit)#: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

I hereby authorize Drastic Technologies Ltd. to use the above credit card for purchase of stated item(s) and value, that I may order by telephone or Email.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Please fill this document out and either scan, convert to PDF and email to:  
orders@drastictech.com, or return by Fax: (416) 255-8780