www.eyeTrust.ca

CREDIT CARD AUTHORIZATION FORM

Date_____

I _____ Authorize eyeTrust.ca Corporation to charge my credit card
(NAME)

For services rendered. Not to exceed the amount shown.

AMOUNT $_____CAD. ATTACH INVOICE RECEIPT HERE

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____
(Security code number on back of card)

EXPIRATION DATE _____

BILLING ADDRESS _____

_____

BILLING POSTAL CODE _____

NAME ON CARD _____
(As it appears on card)

_____ _____
SIGNATURE DATE

RETURN TO:

Taylor Chung
eyeTrust.ca Corporation
318 Broadview Ave.
Toronto, Ontario, M4M 2G9
(416) 466-6670
(647) 260-1011 fax

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES: