



DESCORE INC.

157 Fallingbrook Road

Scarborough, Ontario, M1N 2V2

Tel: (905) 470 4033

Fax: (905) 470 4037

CREDIT CARD AUTHORIZATION FORM

FOR PAYMENT OF ORDERS AND ACCOUNT

The undersigned agrees that they will be responsible for all charges to their account with **DESCORE INC.**
This agreement is considered BLANKET COVERAGE unless otherwise noted.

Company Legal Name

Complete Address

Telephone

Facsimile

Email

Credit Card Holder Name

Card Holder's Address

I, _____

representing the company of _____
hereby authorizes Descore Inc. of Scarborough, Ontario to process the credit card account listed below for
payment of my account.

VISA _____ Expiry Date __/__/__

Card Verification Value: ___

Credit Card Issuer (bank)

Telephone

MC _____ Expiry Date __/__/__

Card Verification Value: ___

Credit Card Issuer (bank)

Telephone

AMEX _____ Expiry Date __/__/__

Card Verification Value: ___

Credit Card Issuer (bank)

Telephone

I AUTHORIZE DESCORE INC. TO CONTACT THE BANK(S) NOTED TO VERIFY THE CARD(S) LISTED:

Authorized Signature of Card Holder

Please print full name as it appears on credit card

Date

Please fax your completed form to Descore Inc. at 905-470-4037.