

Credit Card Authorization Form

Today's Date:///	Auction Name:	
Company Name:		
As the Individual card holder, I	hereby authorize this card to be used for the dep	osit required.
As the company representative	e, I hereby authorize this card to be used for the d	eposit required.
Credit Card Information:	Name as it appears on the Card:	
Γype of Card: □ VISA □ MAS	STERCARD	
Expiration Date	Security Code (3 Digits)	
	et:	
Credit Card Billing Address: Stree	Zip Code:	
Credit Card Billing Address: Stree	State:Zip Code:	
Credit Card Billing Address: Stree City: Country: Telephone:	State:Zip Code:	
Credit Card Billing Address: Stree City: Country: Felephone: Fax Number:	State:Zip Code:	
Credit Card Billing Address: Street City: Country: Telephone: Fax Number: Email:	State:Zip Code:	
Credit Card Billing Address: Street City: Country: Telephone: Fax Number: Email: Cardholder or Company Represent	State:Zip Code:	
Credit Card Billing Address: Street City: Country: Fax Number: Email: Cardholder or Company Represent Date://	State:Zip Code:	
Credit Card Billing Address: Street City: Country: Telephone: Fax Number: Email: Cardholder or Company Represent Date://	State:Zip Code: tatives Signature: be used for the future deposits and or final payme	

This Authorization can be faxed to (905) 669-7512 or Emailed to info@infinityassets.com