



## CREDIT CARD AUTHORIZATION

Customer Name: \_\_\_\_\_

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

I hereby authorize Gateway Visual Communications Ltd. to process payment on the credit card listed below in the amount indicated.

Credit Card # \_\_\_\_\_

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

Name on Card: \_\_\_\_\_

Amount Authorized \$ \_\_\_\_\_  
For automatic processing of all invoices leave blank or enter an invoice maximum \$ amount.

Invoice # / Reference # \_\_\_\_\_  
For automatic processing of all invoices write "all invoices" in above space. Or enter a specific Purchase Order number if only authorizing invoices associated to a specific job.

Authorized Signature: \_\_\_\_\_

Fax credit card receipt (with invoice copy) to: \_\_\_\_\_

This authorization may be revoked at any time with written notification.  
Fax this form to (905) 564-2135 or scan and email to [admin@gatewayvc.ca](mailto:admin@gatewayvc.ca)