**CREDIT CARD AUTHORIZATION**

Date: \_\_\_\_\_\_\_\_\_\_\_, 2016

This is to authorize BLUE MAX LIGHTING & EMERGENCY EQUIPMENT LTD. to charge the credit card identified below.

By signing below, I declare that (*please check all applicable*):

I am authorized by the registered cardholder to use the card identified below to pay goods and/or services provided by Blue Max Lighting.

I am the registered cardholder.

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

**Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Visa \_\_\_ MC\_\_\_\_\_\_ Credit card Number:\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**Expiry: \_\_\_\_\_\_ / \_\_\_\_\_ (month / year)**

**CVV (3 digit code) \_\_\_\_\_\_**

**Name (*as shown on the card*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address:**

* **Street \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Province \_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_**

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form may be returned by email** [**accounting@bluemaxcanada.com**](mailto:accounting@bluemaxcanada.com) **or fax (604-574-4055)**