

# Credit Card Authorization Form



I authorize EXPERT CABLING to debit my credit card for \_\$\_\_\_\_\_ for cabling services rendered on \_\_\_/\_\_\_/\_\_\_\_\_ per invoice#\_\_\_\_\_

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Company Name

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Name as it appears on credit card

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Credit Card Number

Expiry Date: \_\_\_\_\_ CVV/CVD #: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_

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Billing address for your credit card

Phone (billing phone on Credit Card records): \_\_\_\_\_

I warrant that I am the authorized cardholder for the account above that the funds are available, and that I will perform the obligations set forth in the cardholders agreement with the issuer.

I have read the entire form and understand that I will be held fully responsible for the charges and agree not to dispute the charges against EXPERT CABLING & SHARPCALL COMMUNICATIONS as service fees are non-refundable.

\*\*\*Credit Card statement will show SHARPCALL or EXPERT CABLING for this charge.

Print Name: \_\_\_\_\_

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

Today's Date: \_\_\_\_\_

**Please fax completed form to: 416-479-0331**

**Or scan / e-mail to: [billing@expertcabling.ca](mailto:billing@expertcabling.ca)**