



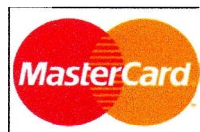
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## CREDIT CARD AUTHORIZATION FORM

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

Card Holder Name: \_\_\_\_\_

Card Type:



Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

CVV Code: \_\_\_\_\_

I, \_\_\_\_\_ (print name), hereby give authorization to **Surguin** to charge the above credit card on all open ended orders on an ongoing basis placed by myself or any representative of our company.

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

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

*Please return this completed form to our office to the attention "Office Manager" either by fax @ 905.564.3694 or e-mail at sales@surguin.com*