



CORPORATE SERVICES

<input type="radio"/> Urgent, please deliver immediately	<input type="radio"/> As requested	<input type="radio"/> FYI
Date:	Pages (including cover sheet):	
Company:	Fax Number:	
To the attention of:		
From:		

Dear Valued Metafore Customer:

Please complete the attached CREDIT CARD AUTHORIZATION FORM and fax it back **signed and completed** to the Accounts Receivable Department for us to process your order.




At Metafore, we take our Customers' Privacy seriously.

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CREDIT CARD AUTHORIZATION FORM

Client Number:	Quote/Order Number:
Company Name:	Phone Number:
Name of Sales representative:	

CREDIT CARD INFORMATION

Type of Card	<input type="checkbox"/> Amex 	<input type="checkbox"/> Mastercard 	<input type="checkbox"/> Visa 
Credit Card Number:	Expiration: _____ CCV#/Security code: _____		
Name of Card Holder:			
Credit card billing address:			
City:	Province:	Postal Code:	
Card Owner Phone Number:			
Amount to be taken on the card:	\$		

I guarantee payment to Visa/Amex/Mastercard for the purchase of goods / services provided by METAFORE TECHNOLOGIES INC. in accordance with the terms and conditions stated on my cardholder agreement previously signed with the financial institution, who has authorized my use of the credit card.

I Authorize METAFORE TECHNOLOGIES INC to verify all enclosed information.

Signature of Cardholder _____ Date: _____

NOTE: METAFORE TECHNOLOGIES INC. will keep your credit card information on file.
for future purchases with our company.

Send by Fax to : 514-354-0525 OR EMAIL: CCAUTH@metafore.ca
Attention: Accounts Receivable - Credit Card Processing

INTERNAL USE

Verified by (internal): _____ Date: _____
Confirmed by: _____ Time: _____
Initiating Bank : _____