



## Credit Card Authorization Form

Please complete all fields. This authorization will remain in effect until canceled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Cardholder Postal Code (from credit card billing address):

I, \_\_\_\_\_, authorize Calgary Elite Synchro to charge my credit card for invoices outstanding past 90 days. I understand that my information will be saved to file.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date