

Credit Card Payment - Authorization Form



Name _____
Address _____
Company _____
Phone _____
Client email _____

Site2020 Inc
10 Ilseley Avenue, Unit 7
Dartmouth, NS
B3B1L3
HST#: 815965728 RT0001

Credit card type _____
Credit card number _____
Expiry date _____
Cardholder name on card _____
CVD Pin number _____
Amount (including applicable tax) \$ _____

I authorize Site2020 Inc. to charge the outlined amount to my credit card:

- One time only**
- Weekly**
- Monthly**
- Prepayment**

Signature: _____

Date: _____

(Office use) Site 2020 Development Manager: _____