



## Credit Card Authorization Form

In order to process your credit card payment, please complete the following information and email the completed, signed form to [mhabkirk@wescan.bc.ca](mailto:mhabkirk@wescan.bc.ca) or fax to 604-275-0610:

### **Name & Billing Address**

Name  
(as it appears on the credit card)  
PO Box (if applicable):  
Street Number, Name  
City  
Province  
Postal Code

### **Card Information**

Type of Card (please tick box)                      Visa                      Mastercard                      American Express  
Credit Card Number  
Expiry Date  
CVV (3-Digit Security Code)

### **Authorization**

**I hereby authorize Wescan Calibration to charge the above card as follows:**

**As and when invoices become due (Revocable with written notice)**

**Or**

**Invoice**

**Total Amount (\$)**

Name: (Please Print)

Authorized Signature:

Date:

Company Name: (If applicable)