



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 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
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)