

To process a payment through your Credit Card, the following information must be completed

and faxed to : Accounting Department Fax No. (416) 654-3663

Company Name: \_\_\_\_\_

Name Appearing on the Credit Card: \_\_\_\_\_

Mailing Address Registered on your Credit Card (for first orders)

\_\_\_\_\_

Amount to be authorized in  Canadian Dollars \_\_\_\_\_  US Dollars \_\_\_\_\_

Visa  Master Card

Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

CVC # (3 or 4 digit number on the back of the card) \_\_\_\_\_

Month / Year

Payment Reference \_\_\_\_\_

Copy of Credit Card must be faxed ( Both Sides ) to Microforum Services Group (for first orders)

I acknowledge that my Credit Card Statement will indicate that this payment will be made to  
"Microforum Services Group".

Keep this information on file/automatically charge for future orders?  Yes  No

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date