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Authorization for use of Mastercard or VISA

please complete the following and FAX to: 604-291-6351

Title _____

Company _____

Address _____

Prov/State _____ Postal/ZIP Code _____

Phone _____ Fax _____

I, _____ authorize Caron Business Solutions Inc.

to apply the amount of \$ _____ to my credit card towards the charges below.

Invoice # _____ Date _____

Credit Card # _____ Expiry Date _____

Name as appears on Card _____