

## Credit Card Authorization Form

Please print, fill out and fax to 1-506-472-2354 or scan completed form and e-mail to margo@terraconsultants.ca.

This form authorizes Terra Consultants Ltd. to charge the card holder's credit card for payment of this confirmed order. Credit Card Authorization forms are secured in the Accounts Receivable Office for your safety.

### \*\*\*Credit Card Billing Address\*\*\*

NOTE: It is very important that you supply us with the billing address that is on your credit card billing statement otherwise we are not able to obtain the proper authorization for your credit card.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Phone: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Name of Banking Institution: \_\_\_\_\_

Phone number of Banking Institution: \_\_\_\_\_  
(Can be found on the back of your credit card)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3 digit Security Code on Back of Card: \_\_\_\_\_

Total amount to be charged: \_\_\_\_\_

Signature: \_\_\_\_\_

Check here if you would like to keep your credit card information and signature on file for future orders.

All orders must be sent to the address of the credit card holder.

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

Address: \_\_\_\_\_  
(if different from card holders)

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

