

Audio Services Corporation (Canada) Ltd.

1545 The Queensway, Toronto, Ontario, Canada, M8Z 1T8, phone: (416) 251-5409, fax: (416) 251-7438

For Credit Card payment of orders exceeding \$100.00, or orders shipping to an address different than the billing address of the credit card, we require the completion of an authorization form.

*****PLEASE FAX THE COMPLETED FORM TO OUR SECURE FAX, (416) 251-7438*****

CREDIT CARD HOLDER'S AUTHORIZATION FORM

In lieu of my credit card imprint, I _____
(Name of cardholder as shown on Credit Card)

hereby authorize **Audio Services Corp.** to charge my credit card, _____,
Credit Card Number

VIN Code (last 3 digits on back of card)

_____/_____
Expiration Date – (Month/Year)

Type: Visa Mastercard
(Check One)

Billing Address:

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax (if applicable): _____

Shipping Address (If Different):

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax (if applicable): _____

Please **check ONE** payment option:

For ALL present and future transactions

For THIS TRANSACTION ONLY

in the amount of \$ _____ for payment of
(Print Clearly CDN)

_____ and any additional charges resulting
(Rental Contract/Service or Sales Order or Account No, reference.)

from this transaction (e.g. expendables, Missing/Damaged Equipment, shipping charges, rental extensions or equipment additions).

Sales Return Policy:

Returns are subject to restocking fees. These fees will be deducted from any customer refund amount. .

By signing below, I acknowledge the described charges, and authorize their receipt at the delivery address provided above.

X _____
(Signature of Cardholder) (Date)

NOTE: IDENTIFICATION IS REQUIRED. PLEASE PROVIDE A PHOTOCOPY OF THE SIGNED CREDIT CARD (FRONT & BACK) AND DRIVER'S LICENSE OF CARDHOLDER. FAILURE TO COMPLETE THIS FORM IN FULL MAY DELAY YOUR ORDER.