

InkSight Supply

Credit Card Authorization Form

Company Name:	
Credit Card Holder Information	
Name: (as it appears on the card)	
Billing Address:	
City:	
Province:	
Postal Code:	
Telephone No.	

Please select one of the following Payment Options:

One Time	Bill my credit card once for the Invoice/Order No. _____ Note: If you choose to bill once, this form will have to be filled out next time when you place another order.
Every Order	Bill my credit card for all my orders, unless otherwise specified. Note. When this option is chosen, InkSight Supply will keep your credit card information in record for any future orders. InkSight Supply <u>WILL NOT</u> charge your credit card unless the order has been confirmed to you by one of our representatives through phone. Orders will be confirmed with the total amount to be charged and tracking number for shipped orders.

Credit Card Information (Choose one)

Master Card Visa Issuing Bank: _____

Card Number:

Expiry Date: ___/___ CVC Number: (last 3 digits from the back of the card)

American Express

Card Number:

Expiry Date: ___/___ CVC Number: (4 digits from the front of the card)

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be terminated at InkSight Supply's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to billing@inksightsupply.com.

Changes in the status of this card can also be reported to billing@inksightsupply.com.

I, the undersigned, authorize InkSight Supply to charge my credit card indicated above to cover payments for my orders of products and services provided by InkSight Supply.

I acknowledge that I have read and understood all the terms and conditions above. I warrant that all persons whose signature(s) are required or authorized to sign on this credit card have signed this application.

Authorized Signature: _____ Date: _____

Please fax this form back to 1.604.273.1692 or scan and e-mail back to billing@inksightsupply.com