



#8-25 Royal Group Crescent., Woodbridge, Ontario, L4H 1X9, Canada 905 760 1665 www.elitetrimworks.com

Credit Card Payment Authorization Form

Instructions: To pay by credit card, please complete both sections below.

CREDIT CARD HOLDER INFORMATION

Please circle credit card type:

____ Visa / MasterCard ____

Credit card number: _____

Expiration date: _____ / _____ (mm/yy) cvv _____

Exact name as it appears on the credit card:

Billing Address:

Amount to be charged: \$ _____

Primary phone number: _____

Order Number: _____

Cardholder Signature: _____

Date: _____

Special Instructions: