



# CCAF

## CREDIT CARD AUTHORIZATION FORM

Dear customer,

Please note that by providing the following credit card information you are authorizing High Performance Glazing Inc. To charge the amount specified on this form.

<b>First Name:</b>		<b>Last Name:</b>	
<b>Company Name:</b>			
<b>Client Account Code:</b>		<b>Order/Invoice:</b>	
<b>Client Phone:</b>			
<b>Client Email:</b>			
<b>Client Fax:</b>			

I, card holder here by authorize high performance glazing inc. To charge following amount:

### CREDIT CARD INFORMATION

<b>\$ Amount:</b>		<b>Mastercard:</b>	<b>Visa:</b>	<b>Amex:</b>
<b>Card Number:</b>				
<b>Card Expiry Date:</b>		<b>3 Digit Security Code:</b>		

### CARD HOLDERS INFORMATION (PLEASE PRINT CLEARLY IF NOT DIGITAL AUTOFORMAT)

<b>Full Name:</b>			
<b>Complete Billing Address:</b>			
<b>Phone Number:</b>		<b>Mobile Number:</b>	

\*\*Note: Credit card payments over \$1,000.00 Are subject to a 2% merchant fee. AMEX (5%) fee will apply.

I authorize a one-time charge against my credit card.  
I authorize a recurring charge against my credit card.

<b>Card Holders Signature:</b>		<b>Date:</b>	
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### HIGH PERFORMANCE GLAZING INC. INTERNAL USE ONLY

<b>From:</b>		<b>Department:</b>		<b>Date:</b>	
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Please complete the form and email or fax to:  
sales@hpglazing.com or 905-482-2146

177 Drumlin Circle, Concord, ON L4K 3E7  
sales@hpglazing.com | T. 905-482-2144 | F. 905-482-2146  
hpglazing.com