

CREDIT CARD AUTHORIZATION FORM

Please read carefully. To prevent the unauthorized use of your credit card, Colour Tech requires this authorization form to be completed.

I, _____ hereby authorize Colour Tech Marketing Inc. to charge my credit card account (details mentioned below) for the full value of all orders placed by me with Colour Tech.

PLEASE CHECK ONE BOX

This authorization is valid for ONLY Order No: _____ (credit card will **NOT** be kept on file)

OR

This authorization is valid for Order No: _____ and for all future orders until authorization is withdrawn by me in writing (credit card **WILL** be kept on file)

Card Type: Visa Debit Visa Master Card American Express

Card Use: Personal Company

Full Name as it appears on the credit card: _____

Credit Card No: _____

Expiry Date: _____ Security Code # on your card: _____

Billing Information:

Company Name: _____

Address: _____

Cell #: _____ Direct # : _____ Bus #: _____

Email : _____

Mailing address if different from above: _____

I understand and authorize all of the above. I also certify that I am authorized to effect charges to the above credit card number. In case of any issues or disputes concerning this transaction I will notify Colour Tech promptly to rectify the situation prior to notifying my credit card company.

First and last name (please print)

Signature

Date

Fax the signed form to 905-363-0210 or Email: ar@colourtech.com

Please note that Colour Tech will keep all information entered on this form strictly confidential and shall use it solely for the purposes of charging your card for valid orders executed by us.