

CREDIT CARD AUTHORIZATION

DATE:	
COMPANY NAME:	
AUTHORIZED PURCHAS	SERS:
CREDIT CARD IMFORM	<u>ATION</u>
CARD TYPE: VISAN	MASTER CARD OTHER
CARD NUMBER:	EXPIRATION DATE:
NAME ON CARD:	
BILLING ADDRESS OF C	ARD HOLDER:
	FAX:
I HEREBY AUTHORIZE T PURCHASES FROM PLA	THE USE OF THE ABOVE CARD ON ALL FUTURE LYIT DIRECT.
SIGNATURE:	DATE:
PLEASE COMPLETE	AND FAX TO 905.837.0624 A.S.A.P. THANK YOU

PLAYIT DIRECT – 821 BROCK ROAD SOUTH UNIT 8, PICKERING, ONTARIO, CANADA, L1W 3L6 TEL: 1.877.875.2948 FAX: 905.837.0624