



CREDIT CARD AUTHORIZATION

DATE: _____

COMPANY NAME: _____

PHONE: _____ FAX: _____

AUTHORIZED PURCHASERS: _____

CREDIT CARD INFORMATION

CARD TYPE: VISA MASTER CARD

CARD NUMBER: _____

EXPIRY DATE: _____ CVV NUMBER: _____

NAME ON CARD: _____

CREDIT CARD BILLING ADDRESS:

I hereby authorize the use of the above credit card on all future purchases from Playit Direct.

SIGNATURE: _____ DATE: _____

Please complete and fax to 905-837-0624 or email to sales@playitdirect.ca

THANK YOU