

**CREDIT CARD AUTHORIZATION FORM**

Business or Individuals Name:

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Business Phone Number:

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Billing Address: -----

City: -----Province: -----

Email Address: -----

**CREDIT CARD INFORMATION**

Cardholder Name: -----

Cardholder's Address: -----

Card Number # -----

Expiration Date: -----

3 Digit Verification Number for Visa/Master Card -----

Visa



Master Card



The cardholder acknowledges receipt of goods and/or services with Sporometrics Inc., Toronto. This account will be maintained for this use until such time the cardholder notifies Sporometrics Inc. in writing as to the cancellation of this agreement.

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Date:

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Cardholder's Signature: