MESCO ELECTRONICS LTD.

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Date:
CREDIT CARD AUTHORIZATION FORM
We require signed authorization to charge your invoice on your credit card. Please complete the form below and fax or email to Lori @ 705-476-5928 or email to: lori@mescoelectronics.com
Company Name:
Contact Name:
Payment For:
PO#: COURIER & ACCOUNT #:
PST EXEMPT: YES [] NO []
IF APPLICABLE, EXEMPTION #
I/We authorize Mesco Electronics Ltd. to charge the following amount on my/our credit card as detailed below.
AMOUNT:
CARD TYPE: VISA [] MASTERCARD []
CARD HOLDERS NAME:
CARD NUMBER:
EXPIRY DATE: (MM/YYYY):
SIGNATURE OF AUTHORIZED PERSON:
NAME OF AUTHORIZED PERSON (Please Print)