



206 TELSON ROAD
MARKHAM, ON L3R 1E6
(905) 604 - 7478
WWW.TRADEPIA.COM

CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Cardholder's Name: _____

Visa/ Mastercard/Amex Account Number: _____

Expiry Date: _____

S.V. _____

I hereby authorize **TradeOpia Corp.** to charge my

VISA -OR- MASTERCARD -OR- AMEX

In the amount of: \$ _____

Invoice Number(s): _____

Authorized Signature: _____

AUTHORIZATION #: **FOR OFFICE USE ONLY**

Kindly complete the above information and return by fax to Accounts Receivable
FAX#: 416-640-0676