



Credit Card Payment Authorization

Please sign and complete this Credit Card Payment Authorization form to authorize **Jenco Canada Inc.** to charge your credit card listed below.

Accounts Payable Contact: _____ Phone: _____ Ext: _____

A/P Contact's Email: _____

- All Purchases until otherwise notified.
- A single transaction only in the amount of \$ _____ and does not provide authorization for any additional charges.

Please complete the information below:

I _____ authorize **Jenco Canada Inc.** to charge my credit card
(Full Name)

account as indicated below for purchases made by: _____
(Company Name)

Credit Card Type:	<input type="radio"/> Visa	<input type="radio"/> MasterCard	<input type="radio"/> Amex	<input type="radio"/> Discover
Name on Credit Card:	_____			
Credit Card Number:	_____			
Expiration Date:	_____			
Billing Address:	_____			

Signature: _____ Date: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.