



Managing the Present - **Inventing the Future**

1255 Laird Blvd., Ste. 388, Mont-Royal, QC, Canada, H3P 2T1

CREDIT CARD PAYMENT FORM (Please Print)

Applicant _____

Address: _____

Date of Application _____

Please Debit My Credit Card as Follows:

Card Type: MasterCard | Visa |

Card Number: _____

Cardholder's Name _____

Expiry Date: /___/___/ (month/year)

CVV2 (Security Code): _____

Billing Address(exactly as it is on the credit card file):

Amount to be debited: _____ CAD

Cardholder's Signature _____

This is not a tax invoice. A receipt for the amount paid can be forwarded to you on receipt of the Application and once payment is cleared.