



Credit Card Authorization

Date: _____

I _____ hereby give Supply Sergeant LTD. permission to
(please print your full name)
bill the following amount \$ _____ +shipping & handling to my credit card.

Personal Information (must match to the file of my credit card)

Name as it appears on credit card: _____

Billing Address of Credit Card (ALL FIELDS MUST BE FILLED)

Street: _____

City: _____

Province: _____

Postal Code: _____

Phone#: _____

Authorization

Amount\$ _____

Credit Card Type

Visa _____ Mastercard _____ American Express _____

Credit Card# _____

Expiry Date _____ *CVV2 _____

Signature _____

(must be cardholder's)

*CVV2 is the three digit code on the back of your credit card. It is MANDATORY.

Fax: (780) 486-3422

Questions or concerns?: (780) 444-1540



Contact Name: _____ Contact Phone#: _____

Name of staff member who helped you regarding this order: _____

Description and Price(s) of item(s) being purchased

All items will be shipped via Canada Post Insured or Canada Post Express Post unless otherwise instructed (You pay the postage plus a \$6.00 handling fee). Please advise if you have any specific shipping instructions.

Shipping Address

Name: _____

Street/Apt: _____

City/Town: _____ Province: _____ Postal Code: _____

Did you have any other specific questions or concerns?

These two pages must be filled out in order to process your order.

Thank you for your order!