



## Credit Card Authorization Form

### ***Card Holder's Information***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### ***Billing Address (if different from above)***

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### ***Payment Information:***

Purpose of Payment:

Background Check    DNA Testing    Fingerprinting    Other

I authorize Canadian Forensics Inc. to charge my credit card for the amount: \$ \_\_\_\_\_

### ***Credit Card Information:***

Credit Card Type:       MasterCard       Visa

Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Canadian Forensics Inc**

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