



### CREDIT CARD PAYMENT AUTHORIZATION

We, \_\_\_\_\_, authorize Kalex Equipment Services to charge our credit card the following amount:

INVOICE	
Invoice Number	Invoice Amount
Invoice Number	Invoice Amount
Invoice Number	Invoice Amount
Invoice Number	Invoice Amount
Invoice Number	Invoice Amount
	Total

CREDIT CARD INFORMATION		
Company Name		
Card holder name as appears on the card	Type	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD We only accept Visa and MasterCard.
Card Number	Expiration Date	Mth                      - Yr 20
Billing Address		Unit #
City	Prov.	Postal Code
Phone		

As the authorized credit card holder, I agree to pay the total amount as listed above. If our credit card account declines because of various reasons, we will be responsible for providing an alternative method of payment to Kalex Equipment Service.

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

\_\_\_\_\_  
Date Signed