



2333 - 119 Avenue, NE
Edmonton, AB T6S 1A9
(800) 563-2466 Toll Free
(780) 473-6633 Tel
(780) 457-0612 Fax

Credit Card Payment Authorization

We Accept:



I, _____, being the authorized signatory of the credit card
PRINT YOUR NAME CLEARLY AS IT APPEARS ON THE CREDIT CARD

listed below:

Client Name: _____

Client ID#: _____

Type of Card: MASTERCARD OR VISA

Card Number: _____

Expiry Date: _____

Invoice(s): _____

Total Amount: _____

E-MAIL/FAX # _____

Phone #: _____

hereby authorize "G-M Pearson" to charge to the above noted credit card for the total amount listed above.

PLEASE PRINT YOUR NAME

X _____
AUTHORIZED SIGNATURE

DATE: MM/DD/YY

**** Please Note: We process credit card transactions once a week, and you will receive a faxed confirmation once the transaction has gone through on your card.**