



CREDIT CARD AUTHORIZATION FORM

Blanket Authorization: Yes___ No___

(Selecting "Yes" will allow us to use this authorization for all future purchases and speed up processing orders)

Please provide PO# if required on Invoice _____

Corporate Card: Yes___ No___

I/we authorize Justram Equipment Inc. to debit

Visa Card # _____

MasterCard # _____

Expiry Date _____ Security Code _____

Cardholder Name _____

Company Name _____

Authorized Signature _____

Purchase Reference: _____

For customer purchases by credit card, *Justram Equipment Inc.* **must** have a signed authorization on file as required by our credit card processing company. Please indicate if this is a "blanket" authorization for this and future purchases or, if this is a one-time only authorization. If this is a one time only authorization, please provide a Purchase Order number or other reference for this purchase.

Credit cards may be used for payment only *if provided along with your order.*

We appreciate and thank you for your business.

Return completed Authorization to fax: (905) 727-5496, or by email to info@justram.ca