



3037 boul. Frontenac Est. , Thetford Mines (Québec) Canada, G6G 6P6 Tél : (418)335-7220 Fax : (418)335-5613

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## CREDIT CARD AUTHORIZATION FORM

I \_\_\_\_\_ (credit card holder name)

(print character)

of company \_\_\_\_\_ authorize CVTech-AAB inc. to withdraw my  
credit card Master  or Visa  which number is

\_\_\_\_\_ expiry date \_\_\_\_\_

3 digits # \_\_\_\_\_ (on the back of your card) any transactions (bill or credit) destined to the  
undersigned hereby.

I undertake to inform CVTech-AAB inc. of any future changes regarding this form.

\_\_\_\_\_

(cardholder name signature)

dated \_\_\_\_\_ of \_\_\_\_\_

at \_\_\_\_\_