

**PREAUTHORIZED CREDIT  
CARD PAYMENTS**



<b>Customer Name:</b>	_____
<b>Company Name:</b>	_____
<b>Address 1:</b>	_____
<b>Address 2:</b>	_____
<b>City:</b>	_____
<b>Province:</b>	_____
<b>Postal Code:</b>	_____
<b>Telephone Number:</b>	(      )                                  - <b>Ext:</b> _____
<b>Facsimile Number:</b>	(      )                                  -                                  _____



**Credit Card Type:**                  **Visa**                  **Mastercard**

**Credit Card Number:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_ / \_\_\_\_\_

I authorize Sign O City to charge the credit card above to pay for all invoices and amounts listed to the above mentioned Customer Number.

Sign O City agrees to keep this information in the strictest confidence and shall abide by all written instructions from the cardholder. Sign O City will mail or fax credit card receipts upon request.

**Cardholder Name:** \_\_\_\_\_  
**Cardholder Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**\*\*\* Only the authorized cardholder's signature is acceptable\*\*\***

**Sign O City  
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