



Genesis Integration Inc. / Matrix Pro Shop

Credit Card Authorization Form - All Information Must be Completed

In lieu of a credit card imprint, payment may be made by completing and submitting the below form along with **a scan/photocopy of the front & back of the credit card** being used and **1 x valid piece of photo ID.**

Cardholder Name: <i>(as it appears on the credit card)</i>		
Billing Address of Credit Card: <i>(The billing address must also be the shipping address)</i>	City:	Province:
Company Name:		
Cardholder's Phone #:		

Card Information:

Card Type (Circle One):	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Account Number	
Expiration Date	
Validation Code (3-digits)	

Transaction Details:

Order/Invoice Number	
Amount to be charged to credit card	

I hereby authorize Genesis Integration Inc. to charge my credit card, for the amount stated above, and will pay the above charges according to the card issuer's agreement. I understand that my signature on this contract will serve as my authorization on the credit card slip and as signature on file for all authorized charges and outstanding balances now and in the future. I understand that using a credit card fraudulently is illegal and charges will be pursued to the full extent of the law.

SIGNATURE: _____

When completed, please scan and email or fax back to (604) 873 – 0832