Scott Bruder
ScottB.ca

Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Address:_____

City:_____ Province: _____ Postal Code:_____

Country:_____

Email: _____

Telephone: _____

I hereby affirm that I am the owner of the below referenced credit card and that **my name** is listed on the front of the credit card.

I hereby authorize Scott Bruder to charge my credit card for services with ScottB.ca

X _____

Card Holder Signature

_____

Card Holder Signature

CREDIT CARD INFORMATION

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card

Number:_____

Expiration Month_____ Expiration Year:_____

Security Code: _____

Scott@ScottB.ca
519-455-0785

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