

Credit Card Authorization Form

Please complete			
Company Name:			
Company Street Address:			
City/State/Province:	Country: Postal Code /ZIP:		
Email:		Phone Number:	
Email for Invoice (If different from above)			
Onsite Contact Name:		Cell Numbe	r:
Estimate/Invoice Number:	Please check one:	Robinson Show Services C	R Robinson Event Rentals
Estimate/Invoice Number: Credit Card Information	Please check one:	Robinson Show Services C Personal Card Company Card	R Robinson Event Rentals Card Type - please check one VISA Mastercard
	Please check one:	Personal Card	Card Type - please check one
Credit Card Information	Please check one:	Personal Card	Card Type - please check one
Credit Card Information Cardholder Name (please print):	Please check one:	Personal Card Company Card	Card Type - please check one VISA Mastercard
Credit Card Information Cardholder Name (please print): Card Number:	Please check one:	Personal Card Company Card	Card Type - please check one VISA Mastercard Security Code: Date:
Credit Card Information Cardholder Name (please print): Card Number: Cardholder Signature:	Please check one:	Personal Card Company Card Expiry:	Card Type - please check one VISA Mastercard Security Code: Date:

Phone: 416-891-0025 Email: connect@checkt.ca