

CREDIT CARD PAYMENT AUTHORIZATION FORM

Merchant/Company Name: _____

Cardholder Information:

Full Name (as on card): _____

Billing Address: _____

City: _____ Province: _____

Postal Code: _____

Phone Number: _____

Credit Card Information:

Card Type (Visa, MasterCard, AMEX): _____

Card Number: _____

Expiration Date (MM/YY): _____ CVV: _____

Payment Details:

Payment Amount (CAD): _____

Description of Goods/Services: _____

Authorization:

By signing below, I hereby authorize the Merchant/Company named above to charge my credit card for the amount specified. I certify that I am the authorized cardholder for this credit card and acknowledge that this authorization is valid for this transaction only. I understand that this payment will appear on my credit card statement. This authorization is governed by applicable Canadian laws and regulations including but not limited to the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Canadian Code of Practice for Consumer Debit Card Services. I agree to notify the Merchant promptly of any changes to my credit card information or any unauthorized use of my card.

Cardholder Signature: _____

Date: _____

Merchant Use Only:

Processed by: _____

Date of Processing: _____ Authorization Code: _____

This form complies with Canadian federal and provincial laws including the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Canadian
The Merchant confirms that all credit card data is handled in accordance with PCI DSS standards.
Unauthorized use of this form or credit card information is subject to penalties under applicable Canadian laws..

Cardholder Signature

Merchant Representative Signature

Date:

Date:

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