



CREDIT CARD AUTHORIZATION FORM

CREDIT CARD AUTHORIZATION

Please complete this form in full and fax back to Concept Aquarium Systems Inc. at Fax # 1-780-930-4224. Also include Photocopy of the Front & Back of the Credit Card you will be using for this transaction.

Please Print

Company Name: _____

Customer Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Business Phone: (_____) _____ Fax: (_____) _____

Alternate Contact Number: (_____) _____

Transaction Information:

Order Date: ___ Invoice Number: _____

Qty	Description	Unit Price	Total Price
Additional Comments:		Sub Total	
		Crate Fees	
		Shipping (FOB EDM)	
		GST	
		TOTAL:	
Deposit due upon			
Balance Due Prior to			

I hereby authorize Concept Aquarium Systems Inc. to bill my credit card for payment of this transaction. I understand that my deposit is non-refundable.

Credit Card Number: _____ Exp. Date: ____/____/____

Card Type: Visa ____ M/C ____ Amount Authorized to Bill Card: \$ _____

Name as it appears on card: _____

Signature of card holder: _____

Billing Address of card holder: _____

NOTE: Concept Aquarium Systems Inc. guarantees the confidentiality of your information.