



CREDIT CARD SIGNATURE ON FILE AUTHORIZATION

Company Name:

authorizes to AVAD the use of the purchasing/credit card listed below for approved purchases not to exceed _____ . This authorization will serve as "Signature on File" on all transactions. Authorization will remain in effect until cancellation is made by either party. I further authorize that at any time my account becomes past due that AVAD may use this card to settle the debts that are owed on behalf of the company.

All credit card information will remain confidential and will not be released to any unauthorized party.

Legal Company Name

Visa MasterCard

Card Number

Expiration Date

3 or 4 Digit Credit Card Verification #

Name as it appears on card

Billing Address

Billing City

Province

Postal Code



3 Digit Card Verification Number

Authorized Signature

Replace Other Cards on File

Add as Additional Card

One Time Use ONLY for PO#

*Check One Above

**Note: Along with this form, we also require a copy of both sides of the credit card in addition to a copy of a driver's license.