



CREDIT CARD AUTHORIZATION FORM

Instructions

1. Complete the form by printing legibly with a dark pen, all billing and shipping information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Fax this form back to us at 1-418-681-7393 to complete your order.

INVOICE/ORDER NUMBER

I, _____, hereby authorize Cristal Controls Ltd. to charge my credit card identified below in an amount not to exceed \$_____

Canadian Dollars U.S. Dollars

TYPE OF CARD VISA MASTERCARD	CREDIT CARD NUMBER
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NAME ON CARD (<i>Exactly as appears on card</i>)	EXPIRATION DATE CARD	CVC CODE (<i>Last three digits on back of the card</i>)

<p style="text-align: center;">CREDIT CARD BILLING ADDRESS</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____</p> <p>STATE/PROVINCE: _____</p> <p>POSTAL/ZIP CODE: _____</p> <p>TELEPHONE NUMBER: _____</p>	<p style="text-align: center;">REQUESTED SHIPPING ADDRESS</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____</p> <p>STATE/PROVINCE: _____</p> <p>POSTAL/ZIP ODE: _____</p> <p>TELEPHONE NUMBER: _____</p>
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As the authorized holder of the above credit card, I authorize the above transaction and do further authorize receipt of merchandise at the requested shipping address provided above.

X.....
CARDHOLDER'S SIGNATURE

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DATE SIGNED