

## CREDIT CARD AUTHORIZATION FORM

Merchant No.: 8013679496

I \_\_\_\_\_ hereby authorize Astral Digital Video Inc. to process payment(s) for invoice(s) due onto the following credit card unless otherwise advised in writing by the undersigned.

Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Visa Card       Mastercard

Credit Card #: \_\_\_\_\_

Issuing Bank of Credit Card: \_\_\_\_\_

Expiration Date (month/year): \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature (same as on credit card): \_\_\_\_\_

Date: \_\_\_\_\_

Please fill in all information on this form, including signature and date.

Fax to Astral Video 604-436-0107