



PAYMENT AUTHORIZATION BY CREDIT CARD

COMPANY NAME: MARINDUSTRIEL	
PHONE: (514)-342-2748 / (800) 363-2259	FAX : 514-342-6151
CONTACT :	EMAIL : info-quebec@marind.ca
<i>Please insert the name of your contact</i>	

COMPANY NAME:	
CLIENT CODE:	
CONTACT:	EMAIL:
ADDRESS :	
PHONE	FAX

INVOICES	DATE	AMOUNT
TOTAL AUTHORISED AMOUNT		

To cover the payment of invoices listed above and for the total amount only, we authorised you to debit:..... \$

VISA <input type="checkbox"/>	MASTER CARD <input type="checkbox"/>
CARD # :	EXPIRATION :
THREE DIGIT CODE (see back of the card):	
CARD HOLDER NAME (Print letters):	
CARD HOLDER SIGNATURE	
DATE:	
<input type="checkbox"/> Complete shipment only	<input type="checkbox"/> Partial shipment accepted