



Credit Card Payment Authorization

Please complete all fields. You may cancel this authorization at any time by contacting us.

This authorization will remain in effect until cancelled.

Company Name: _____ **Date:** DD / MM / YYYY

Contact Person Name: _____

Phone Number: _____

Email Address: _____

I _____ authorize DruCAN Trading Corp. to charge my credit card account. I understand that the credit card information provided will be saved on file for future transactions on my account.

Credit Card Information										
	Cardholder Name (as printed on card)									
	Cardholder Address - Line 1									
	Cardholder Address - Line 2									
	City						Province		Postal Code	
	Card Number									
	Expiry Date							Date of Signature		
	M M Y Y							D D M M Y Y		
	Cardholder Signature									
	Security Code									

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is valid until cancelled. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.