



355 Harry Walker Parkway North, Units 9 & 10
Newmarket, Ontario, L3Y 7B3

Tel: (905) 898-6906

Toll-Free: 1-877-DIAL-ISS

Fax: (905) 898-1597

E-mail: accounting@internationalsafety.com
www.internationalsafety.com

Customer Credit Card Authorization Form

Please fill out this form and e-mail to accounting@InternationalSafety.com as soon as possible.

To whom it may concern:

I, _____, of
(Cardholder's name)

Business name _____

Street Address _____

City _____

Province/ Territory _____

Postal Code _____

E-mail address _____

give International Safety Systems Inc. authorization to debit the following credit card:

(choose one)

Visa MasterCard American Express

Card Number:

- - -

Expiry date:

(year)

(month)

CVV2 Security Code:

(on back of card)

In the amount of \$ _____ (total dollar value)

For sales/ order/ invoice number: _____ on this date of: _____

Please select one of the following:

Please retain my credit card information for future orders.

Please do not retain my credit card information once the above referenced order has been processed.

Signature _____