
CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize **ALFA INCORPORATORS INC.**, a division of A & P Intertrust Corporation to charge my credit card in Canadian Dollars for the total amount as shown below.

1. Credit card details: VISA ___ **MASTERCARD** ___ **AMEX** ___

Card Holder's Name: _____
Exactly as printed on your credit card

Card Number: |_|_|_|_| - |_|_|_|_| - |_|_|_|_| - |_|_|_|_|

Expiry Date (MM/YY): ___/___ Card Security Code: |_|_|_|

2. Billing Address to which your credit card statement is mailed and phone number:

Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Country: _____ Phone: _____

3. Description of your order: _____

4. Total amount in Canadian Dollars: CA\$ _____

_____ Dollars
in words _____ 100

Date: _____
YYYY-MM-DD

Signature of Cardholder: _____