a.p.strom
& ASSOCIATES

Credit card authorization form

Name of card holder:

Type of card ☐ VISA ☐ Mastercard ☐ AMEX

Card number

Expiration date Security code

Client name

Invoice number(s)

Billing address

Amount to be charged

Is this charge recurring? ☐ Yes ☐ No What frequency? ☐ Weekly ☐ Bi-monthly ☐ Monthly

Would you like a receipt e-mailed to you for this transaction? ☐ Yes ☐ No

E-mail address

BY SIGNING THIS FORM, YOU AUTHORIZE A.P.STROM AND ASSOCIATES TO CHARGE YOUR CREDIT CARD FOR THE AMOUNT LISTED ABOVE.

Signed _____ Date

P.O. Box 74035. Ottawa RPO Beechwood. K1M 2H9
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