



An ISO 9001:2008 Registered Company

CREDIT CARD PAYMENT AUTHORIZATION FORM

Please complete ALL items and sign.

Credit Card: MasterCard___ VisaCard___ AmerExp **X** Disc___

Credit Card Number: **3 7 1 7 9 6 4 3 3 7 8 1 0 0 6**

Expiration Date Month: **1 0** Year: **2 0 2 3**

CCV FRONT OF CARD **8 8 0 0** BACK OF CARD **2 3 2**

Company Name: **S H E R A Z A S G H A R**

Name on Card: **S H E R A Z A S G H A R**

Current Billing Address: **8 1 4 6 A M O N G E A U S T R E E T**
L A S A L L E , Q U E B E C , H 8 P 3 M 9 C A N A D A
ZIP:

Phone: **1 5 1 4 4 4 3 1 8 9 6**

Invoice Number: _____

One Time Charge Of: \$ _____ shipping Fee

Please charge my credit card listed above for the amount shown.

Signature:  Date: **1 7 . 0 8 . 2 0 2 0**