



**Wizmo Solutions Inc.**

3330 Ridgeway Dr, unit#05,  
Mississauga ON  
L5L 5Z9  
1-844-469-4966  
Shipwizmo.com

**Credit Card Authorization Form**

Please fill out all information below and email back to [accounting@shipwizmo.com](mailto:accounting@shipwizmo.com)

Customer Name: **Acirassi Books Ltd (Zoom Books)**

Card Holder Information (tick the currency for which the card can be used)

Card Type: Visa ☐ (CAD)  
Visa ☐ (USD)  
Mastercard ☒ (CAD)  
Mastercard ☐ (USD)  
AMEX ☐ (CAD)  
AMEX ☐ (USD)

Name (as it appears on the card): **Vishal Mutti**

Card Number: **5165 6600 0207 4293**

Card Expiry (MM/YY) **04** / **26**

CVV (number on back): **229**

CC Billing address **9099 141b street** Province **bc** Postal code **v3v8e2**

Accounts Payable Contact Name: **Vishal Mutti**

Accounts Payable Contact Number: **604-445-1662**

Email address **books@zoombooks.ca**

**Authorization**

I, the designated cardholder of the above listed credit card, authorize Wizmo Solutions Inc. to charge the amount of each week's invoices to the above listed card.

Signature of Card holder: 

Date: **Feb 28, 2024**

(PLEASE USE A NEW FORM FOR EVERY CARD INFORMATION TO BE SENT)