



Credit Card Authorization Form

This letter serves as an authorization for Techorium Inc to charge the following credit card for the total cost of the purchase, including shipping costs (Shipping costs are non-refundable.)

All the requested information must be received to make the order valid.

Order #: _____

Credit Card: _____

Expiration Date: _____

Security Code: _____

Authorized Amount: \$ _____ CAN / USD

Card Holder Signature: _____

Card Holder Name: _____

Credit Card Billing Address: _____

Issuing Bank: _____

Issuing Bank Telephone number: _____

Provide a legible copy of the front and back of the credit card along with copy of valid ID such as Drivers License.

Authorization form must be signed and returned by fax to Techorium Inc at 905-907-4775 before this order can be processed.

Authorization Signature

Date