



BOCK OPTRONICS INC.

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CREDIT CARD PAYMENT AUTHORIZATION

To protect the legitimate card holder and Bock Optronics from unauthorised credit card use, I hereby understand and acknowledge the need for the completion of this document and grant permission for Bock Optronics to process the following charges on the credit card number provided below:

Name of Company or Individual: _____ Date: _____

Address: _____

Phone Number: _____ Email Address: _____

VISA

Card Number: _____

Mastercard

Expiry Date: _____ Name on Card: _____

Three digit security code on back of credit card: _____

Signature: _____

Reference: Purchase Order #: _____ Bock Optronics Quote #: _____

Bock Optronics Invoice #: _____ Bill me in the amount of: _____

A photocopy or scan of the credit card and one piece of valid government photo ID (valid driver's license, health card, passport accepted) must be returned along with this form to process the order. Upon legitimate transaction verification, photo ID proof will be destroyed.

NOTE: If someone other than yourself is picking up your order, please complete the line below. Be advised that we will not release any goods other than to the cardholder or the authorised person.

I hereby authorize _____ to pick up my order. I understand that by authorizing the above person, I am also authorizing their signature on my card and the charges to the credit card as noted above.

We can provide you with a transaction record at your request. If required, please indicate method of receipt:

Mail E-mail Enclosed with Product Fax to: _____

We thank you for your business, and look forward to providing you with quality products and services on a regular basis.