



CD & DVD Manufacturing

CREDIT CARD AUTHORIZATION

Customer Information

Company Name _____

Address _____

_____ (City) (Province) (Postal Code)

Tel _____

Fax _____ Contact _____

Credit Card Information:

Card Type:

- Visa
- Master Card
- American Express

Card # _____

Expiration Date _____

Name of Cardholder _____

Billing Address _____

_____ (City) (Province) (Postal Code)

Authorization

I, _____, hereby authorize SLI Manufacturing Inc. to charge my
(Cardholder's Name)

credit card specified above for the amount of \$ _____ for the
services or purchases from SLI.

Cardholder's Signature: _____ Date: _____