



AUTHORIZATION FOR PAYMENT BY CREDIT CARD

MasterCard / VISA: _____
(AMEX not accepted)

Card Number: _____

Expiry Date: _____

CVD#: _____
(3 digit # on back of card)

Name on Card: _____

Signature: . . _____

CREDIT CARD ACKNOWLEDGEMENT

In consideration of True North Kromes Inc. accepting Credit Card charges for payments on account, I hereby acknowledge and authorize True North Kromes Inc. to charge prior monthly balances to my Credit Card and continue thereafter on a regular monthly basis until informed in writing otherwise.

Date: _____

Signature: _____

105 1st Street West, #107, Cochrane, AB T4C 0A4
Telephone: 403-981-0337
Email: truenorthkromes@gmail.com