

Speleotherapy Clinic  
1126 Finch Ave West, Unit #14  
Toronto, M3J 3J6, Ontario,  
Canada

**PLEASE PRINT CLEARLY**

## CREDIT CARD AUTHORIZATION

**CARDHOLDER'S BILLING ADDRESS**  
AS LISTED WITH **CREDIT CARD COMPANY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone #** \_\_\_\_\_

**OPTIONAL:**

Daytime phone #: \_\_\_\_\_

Fax # \_\_\_\_\_

**Customer #** \_\_\_\_\_

**Sales Order #** \_\_\_\_\_

**Shipping Address of Products:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Shipping Method** \_\_\_\_\_

**Product** \_\_\_\_\_

**Qty** \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Freight Amount \$** \_\_\_\_\_

**Total Dollar \$** \_\_\_\_\_

**Credit Card Type:** VISA

**Credit Card Number:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

**Cardholder name as it appears on the credit card (print):** \_\_\_\_\_

I \_\_\_\_\_, authorize (Speleotherapy Clinic) to charge the above credit card for the products ordered on PO #'s \_\_\_\_\_. I confirm that the above information is true and accurate.

If the name on the **credit card** is in the name of a corporation or other business entity, please print the signer's name: \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

**Cardholder's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**\*\*\* (For verification purposes, an attached copy of your credit card front and back is required) \*\*\***