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Credit Card Authorization Form

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Company Name: _____ Invoice #: _____

Billing Address: _____

_____ City _____ Province _____ Postal Code _____

Contact Name: _____ Job Title: _____

Phone: _____ Fax: _____ Email: _____

I _____, agree to pay HAVE1.COM with the following credit card.
Name of Card Holder (please print)

Credit Card Number: _____ Date of Expiry: _____

Please select one: VISA MASTERCARD AMEX CVC code: _____

Authorized Signature: _____

Deposit Amount: \$ _____ Total Amount: \$ _____

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