

# Techwave Distribution Inc.

Suite 186-4611 Viking Way, Richmond, B.C. V6V 2K9

Tel: (604) 231-9009 Fax: (604) 231-9005

## Pre-Authorized Credit Card Payment Applicaton

I, \_\_\_\_\_, authorize Techwave Distribution Inc to charge the total amount due for the invoices to my Visa Card / Master Card. All information provided below is correct and true. This application should apply infinitely unless revoked by the cardholder in writing. Techwave Distribution Inc reserves the right to discontinue such payment method at any time, and reserves the right to charge a service fee for my rejected or NSF transactions.

### Company Information :

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

### Card Holder Information :

Card Number \_\_\_\_\_

Card Expiry Date \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Card Holder's address \_\_\_\_\_

Phone number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Name ( Print ) \_\_\_\_\_

Date \_\_\_\_\_

**Please Provide A Scanned Copy (Front & Back) Of Your Credit Card With This Application**

