



Gear Box Pro Ltd.

www.gearboxpro.com

CREDIT CARD AUTHORIZATION FORM

Please check appropriate box: VISA
 MasterCard

Credit Card Number: _____

Expiration Date (MM / YY): _____ Security Code: _____ (Back of Card)

Name on the Card: _____

Cardholder name: _____

CREDIT CARD BILLING ADDRESS

Street: _____

City: _____ Province / State: _____

Postal / Zip: _____ Country: _____

Telephone: _____

As the credit card holder, I authorize Gear Box Pro Ltd. to charge the above credit card

_____ in CND USD

Cardholder Signature: _____ Date: _____

In addition to the above credit card information, please make a photocopy of your credit card (both front and back) on a separate piece of paper and sign, date, and fax back with this authorization form.

Please fax to Gear Box Pro Ltd. at 905.877.7792