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403-253-7820 - P
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accounting@certifiedalarms.ca

CREDIT CARD AUTHORIZATION

Date

Account Name or Number

In lieu of my credit card imprint, I

hereby authorize Certified Alarms Inc., to charge my Visa
 Mastercard

Credit Card Number

Expiry Date

Amount

Invoice Numbers

I understand this is a charge for purchases of products and/or services and that I am the authorized cardholder for the credit card provided.

Full Name of Card Holder:

Cardholder Address:

City: Province: Postal Code:

Cardholder Home Phone:

Cardholder Work Phone:

Cardholder Driver's License #:

X

Cardholder Signature or Email if submitting electronically

By signing above, I acknowledge all and agree to all charges processed on the above credit card

Please return all completed forms to Certified Alarms Accounting Department at accounting@certifiedalarms.ca or by fax to 403-293-2699.