

# IMAGE GLOBE VENTURES INC.

## CUSTOMER CREDIT CARD AUTHORIZATION FORM

<b>CONTRACT#</b>		<b>INVOICE#</b>		<b>PAYMENT APPLIED</b>	
Name					
Company					
<b>Billing Address of Card Holder</b>			<b>Shipping Address (if different than Billing Address)</b>		
<b>Address:</b>			<b>Address:</b>		
<b>City</b>		<b>POSTAL CODE</b>		<b>City</b>	
<b>Phone</b>	( )		<b>Phone</b>	( )	
<b>Email</b>				<b>Email</b>	
<b>Credit Card Number</b>			<b>Expiration (mmyy)</b>		<b>Card Id Number</b>
<b>MASTERCARD</b> <input type="radio"/>			<b>VISA</b> <input type="radio"/>		

I hereby authorize IMAGE GLOBE VENTURES INC. to process payment for all my orders, including drop shipping orders made by fax, phone or email to the above referenced credit card. I assume responsibility for all payments pertaining to my account and state that I am the registered cardholder.

I have read the above conditions and hereby agree to the terms of this sale.

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

**Fax the completed form to 604-696-1723**