



DURABLE QUALITY PRODUCTS

Credit Card Authorization Form

I, _____ authorize Tisa Canada Corp. to charge my Credit Card listed below:

Credit Card Number Ending in: _____ Expiration Date: _____

Name on Credit Card: _____ Credit Card Type: _____

Amount Authorized: _____

If you are paying for a specific invoice, please indicate invoice number: _____

Signature: _____ Date: _____

Print Name: _____

Please sign and return by fax to (519) 258-7556