



### CREDIT CARD AUTHORIZATION FORM

Thank you for your ordering zCover products. In order for us to approve authorization for your credit card charge, please complete this form. Once completed, please fax to 1-604 273 3023

Purchaser Name: \_\_\_\_\_ Sales Order #: \_\_\_\_\_

Cardholder's Name (as it appears on the card): \_\_\_\_\_

Credit Card Billing Address (the address that the credit card statement is mailed to):

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State Zip, Country: \_\_\_\_\_

I (cardholder's name) \_\_\_\_\_ authorize zCover Inc. to charge USD\$ \_\_\_\_\_ on the following credit card for Sales Order # \_\_\_\_\_, plus 3 %bank charge of above amount.

Credit Card Type:  VISA  MasterCard

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Card Identification number \_\_\_\_\_



Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax this form to: Susan Li  
zCover AR Department  
Tel: 604-273 3003  
Fax: 604-273 3023  
AR@zcover.com**