



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 and execute this form, please **fax** to **+1 604 273 3023**

Credit Card Type: VISA MasterCard

Credit Card #: _____

Exp. Date: ____/____/____(MM/YY) Card Identification Number _____



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 (print cardholder's name) _____ authorize zCover Inc. to charge
USD\$ _____ on this credit card for Sales Order # _____

Card Holder Signature: _____

Today's Date: _____

Please EXECUTE and return this form to:

zCover AR Department
by Fax: +1 (604) 273 3023
by email: AR@zcover.com