



CREDIT CARD AUTHORIZATION FORM

Thank you for 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: _____ / _____ 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: _____

Postal Code, Canada _____

I (print cardholder's name) _____ authorize zCover Inc. to

Charge **CADS** _____ on this credit card for Sales Order # _____

Card Holder Signature: _____

Today's Date: _____

Please fill up and return this form to:
zCover AR Department
by Fax: +1 (604) 273 3023
by email: zcoverinvoice@zcover.com