

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:	\square VISA	☐ MasterCard
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Exp. Date:/	Card Identi	fication Number
Credit Card Billing Addı	ess (the address that th	e credit card statement is mailed to):
Address Line 1:		
Address Line 2:		
Zip Code, Country		
		authorize zCover Inc. to
Charge USD\$	on this credit car	rd for Sales Order #
Card Holder Signature: _		
Today's Date:		
Please fill up and retuzCover AR Departme		

by Fax: +1 (604) 273 3023

by email: zcoverinvoice@zcover.com