



### Credit Card Authorization Form

Client Name: \_\_\_\_\_

Adv # \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Amex \_\_\_\_\_

MasterCard \_\_\_\_\_

Visa \_\_\_\_\_

Card Number: \_\_\_\_\_

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

Amount to be paid: \_\_\_\_\_

Date	Check for DVD	Description	Invoice Or Contract #	Amount
<b>TOTAL AMOUNT</b>				\$ -

Pre-authorized Date: \_\_\_\_\_  
Day

Please check the box above to pre-authorize a monthly credit card payment towards your account.  
If you wish to cancel this pre-authorized credit card debit, please advise us in writing.  
Amount will be processed immediately until otherwise noted.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Office Use Only**

Station: CTV KITCHENER

Sales Representative: \_\_\_\_\_

Date Recv'd: \_\_\_\_\_

Processed by: \_\_\_\_\_

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

**Return to Fax No: 519-743-8857**  
**Or Email**  
[receptionkitchener@ctv.ca](mailto:receptionkitchener@ctv.ca)