

Credit Card Authorization Form

For payment of the account:

Name _____

Address _____

City _____

Prov _____

Country _____

P/C _____

Phone _____

Fax _____

I _____ authorize Dead Center Golf Inc. to charge my credit card
(Name)

For Invoice # _____ a one time charge not to exceed the amount indicated.

Amount

CAD

Credit Card Type _____

Credit Card # _____

Card Expiry Date _____

Name on Card _____

(As it appears on Card)

Signature

Date

Fax or email completed form to:

Dead Center Golf Inc.

888-558-5649

pp@magnot.ca

Credit Cards Accepted:

Visa

MasterCard

American Express

GST # 820692671

Thank You for your Business