

# AROC ELECTRONICS INTERNATIONAL INC.

6009 CHEMIN ST. FRANCOIS  
ST. LAURENT, QUEBEC, CANADA H4S 1B6  
TEL: 514.333.3426 FAX: 514.333.9927

## CREDIT CARD AUTHORIZATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: |\_\_ : \_\_ : \_\_ | \_\_ : \_\_ : \_\_ |

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I authorize AROC ELECTRONICS INTERNATIONAL INC. to debit my:

\_\_\_\_ VISA

\_\_\_\_ MASTERCARD

in the amount of: \_\_\_\_\_ in reference to the following:

Invoice #: \_\_\_\_\_

Card Holder: \_\_\_\_\_

Card #: |\_\_ : \_\_ : \_\_ : \_\_ | |\_\_ : \_\_ : \_\_ : \_\_ | |\_\_ : \_\_ : \_\_ : \_\_ | |\_\_ : \_\_ : \_\_ : \_\_ |

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

Signature: \_\_\_\_\_

Do you prefer a:

\_\_\_\_ Faxed copy of transaction report

\_\_\_\_ Authentic transaction report